

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	23/07/2018 17:55
Date Of Accident	23/07/2018 10:40
Exact Location Of Accident	ALONG CTE (CITY)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLB1411M
Insured/Policyholder	
Name Of Registered Owner	TEO HOA HOA
NRIC No	S1460647E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97353505
Alternative Phone No	OFFICE-97353505

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL 1.5X CVT ABS D/AIRBAG 2WD
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M496260
Cover Note Number	

Driver

Name of Driver	TEO HOA HOA
NRIC No	S1460647E
Date Of Birth	30/04/1961
Occupation	OUTDOOR
Date Of Driving Pass	15/04/1987
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97353505
Fax Number	
Contact Number	OFFICE-97353505
Email Address	NOEMAIL

Address	BLK 910 JURONG WEST STREET 91 #07-263
Postcode	640910
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC6845D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	TEO HOA HOA
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Approximate Age	
Injuries Sustain	SHOULDER & NECK
Injured person in which vehicle?	SLB1411M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection¹, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

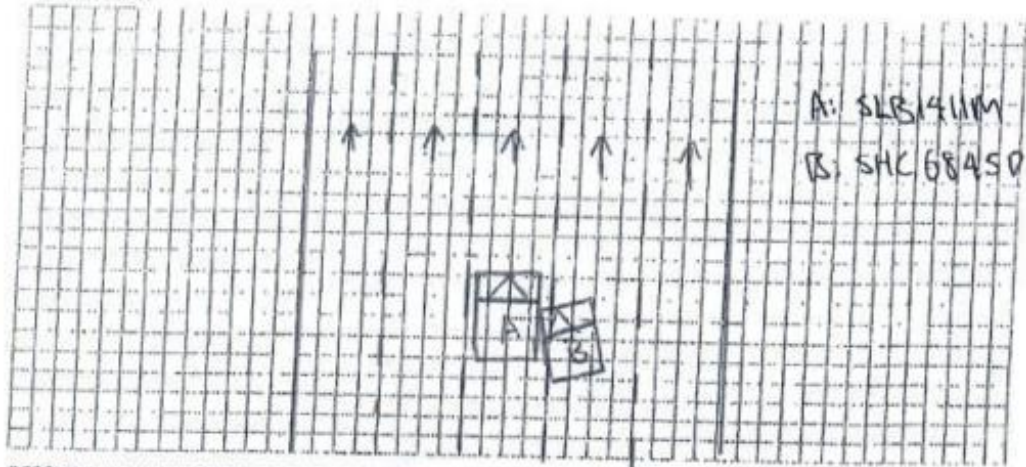
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

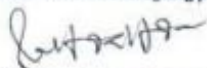


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along PIE ^{that's true} on the 3rd lane. As I was going straight, vehicle B from the 2nd lane without ensuring that the lane is cleared, suddenly filter out and collided onto my vehicle right portion.

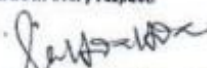
DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

GDAMC Sketch/Plan Form 3/3



Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL
INSURANCE
COMPANY

PERMANENT ASSURANCE ASSOCIATION OF SINGAPORE INCORPORATED (HABERSTADT) CENTRE
5 Griffiths Quay #03-01 Singapore 186559
Tel 655 5224 8000 Fax 655 5225 5029
Operating Hours: Monday to Friday, 8:00am - 7:00pm
884-55058224 / 52255029 / 52255029

IMPORTANT NOTE: Please submit the completed Addendum Form to the same Authorised Reporting Centre with whom you submitted the Original Report.

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA118095166 Vehicle Registration No: SLB1411M

Name (to be printed): Teo Hoa Hoa NRIC/FRY/Passport No: S1460647E

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Blk 910 Jurong West street 91 #01-263
Singapore (640910)

Contact (Tel) : 97353505 Mobile No. : _____

Email Address: _____

Date of Accident : 23/07/2018 Time of Accident : 1040

Place of Accident : Along PIE (Twas)

Insurance Company: India International Insurance PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Third Party Vehicle change to SHC6845D

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:
Date:

[illegible]

ADDENDUM

Original Report No : MNA11809S166-01 Vehicle Registration No: SLB1411M
 Applicant Name: Teo Hoa Hoa NRIC/FIN/Passport No : S1460647E
 ("Vehicle Driver / Vehicle Owner") (*) Please delete as appropriate
 Address : Blk 910 Jurong West Street 91 #07-263
 Contact (Tel) : 97353505 Singapore (604) _____ Mobile No. : _____
 Email Address : _____
 Date of Accident : 23/07/2018 Time of Accident : 1040
 Place of Accident : Along PIE (Tuas)
 Insurance Company: III

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

location change to CTE towards city

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:
Date: