

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	18/07/2018 17:34
Date Of Accident	16/07/2018 21:40
Exact Location Of Accident	TAXI STAND OF PARAGON SHOPPONG CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8024P
Insured/Policyholder	
Name Of Registered Owner	YAP FOONG YENG(YE FENGYING)
NRIC No	S7243609A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97492547
Alternative Phone No	OFFICE-97492547

Vehicle Particulars

Manufacturer	HONDA
Model	CIVIC 1.6L VTI 5MT
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2018-V0103871-VAW
Cover Note Number	

Driver

Name of Driver	JOEL LEONG KWONG JUN (LIANG GUANGJIN)
NRIC No	S9633923B
Date Of Birth	19/09/1996
Occupation	INDOOR
Date Of Driving Pass	03/08/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90728532
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address 32C JALAN TANI
Postcode 548575
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured CHILDREN
Vehicle Registration Number of Driver's Own Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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? NO
Was any injured conveyed to hospital by ambulance?
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) 5
Passenger 1
NAME: : UNKNOWN
GENDER: : MALE
Passenger 2
NAME: : UNKNOWN
GENDER: : MALE
Passenger 3
NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 4
NAME: : UNKNOWN
GENDER: : FEMALE

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

On 16.07.2018 at about 2140hrs, I was driving in my vehicle (A: SJD8024P) along taxi stand of Paragon Shopping Centre. I stopped before zebra crossing to give way pedestrians. Before I could move off, out of a sudden, vehicle (B: SKQ6335A) which was travelled behind me came and hit onto rear portion of my vehicle. No one was injured at the scene. Vehicle A (SJD8024P): 2 male and 2 female passenger on board. Vehicle B (SKQ6335A): 1 male passenger on board.

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 SKQ6335A
Vehicle Make/Model/Colour
Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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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 detection, 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:

18/7/18
5:31pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/7/18
5:36pm

Reporting Centre Personnel's Signature

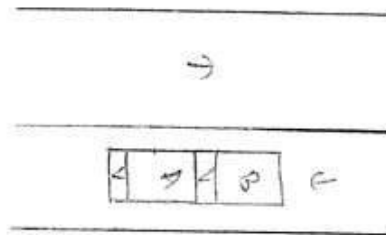
Name:

NRIC/FIN No.:

18/7/18
5:36pm

Sketch Plan Pg. 2

SKETCH PLAN



A: 93D 8024P

$$B = 21 \text{ kG} \quad 6335 \text{ A.}$$

Infront taxi stand of
Paragon Shopping Centre

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GFA Report.

DECLARATION

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

Policyholder's Signature _____

Date & Time:

874
5.31m

Driver's Signature

(If driver is not the policyholder)

Date & Time:

5:31 PM

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

ayun
6259600.