

Kangaroo Brand Logo

☒ Scene Pic
☐ Auth Letter

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 13/8/18
Time (24 HRS): 1600HRS
Location of Accident: COLLYER QUAY CROSS STREET (JUNCTION)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKN 6833Y
Name of Policyholder: ONG BEE HOAY
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S7773634D
Address: B1274A COMPA33VACB BOW
Address: #14-533 S) 541274
Contact Number: Tel: Hp: 90675555
Email Address:

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota ACES
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks:
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: OAC
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: 2017-V0099147-VDP-R001

DRIVER

Name of Driver: AS ABOVE
NRIC/ FIN/ Passport: 11-11-1977
Date of Birth: 11-11-1977
Occupation: FINANCIAL ADVISOR
Driving Pass Date: 03-01-2004
Gender: ☐ Male ☒ Female
Contact Number: Tel: Hp: 90675555
Address: -
Address:
Email Address:

Was driver an employee of the Insured's Company? ☐ Yes ☐ No

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

For 2 passengers and above, please state:

(including Driver)
Name: Gender:
Name: Gender:
Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions: ☒ Clear ☐ Raining ☐ Others:
Road Surface: ☐ Wet ☒ Dry ☐ Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car) ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☐ No ☒ Yes
Was any other vehicle(s) or property damaged? ☐ No ☒ Yes
Was there any video captured? ☐ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
If Yes, please state which police station & Report No. 17/2018.0815/
Was notice of intended Prosecution given? ☒ No ☐ Yes 2023
If Yes, against whom?

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SKW 68331

Make/ Model/ Others

HONDA

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category



Private



Commercial



Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

ONG BEE HOAY

NRIC/ FIN/ Passport

S7773634D

Contact Number

Injuries Sustained

GRANDSON

If Vehicle Occupants, state in which vehicle?

SKW 68331

Were Seat Belts Worn?



Yes



No

Was Injured conveyed to hospital by ambulance?



Yes



No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?



Yes



No

Was Injured conveyed to Hospital by Ambulance?



Yes



No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

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 liability.
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. The 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 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 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

