

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	21/08/2018 15:41
Date Of Accident	08/08/2018 19:30
Exact Location Of Accident	ANG KIO HUB / CARPARK RAMP /
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ET81B
Insured/Policyholder	
Name Of Registered Owner	TOH, SIEW SIANG
NRIC No	S7304746C
Email Address	ET81BB@YAHOO.COM
Mobile Phone No	(LOCAL) +65-86680081
Alternative Phone No	OTHERS-86680081

Vehicle Particulars

Manufacturer	BMW
Model	-
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00405400
Cover Note Number	

Driver

Name of Driver	TOH, SIEW SIANG
NRIC No	S7304746C
Date Of Birth	11/02/1973
Occupation	INDOOR
Date Of Driving Pass	22/05/1997
Driving Experience	21 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-86680081
Fax Number	
Contact Number	OTHERS-86680081
Email Address	ET81BB@YAHOO.COM

Address	BLK 530A PASIR RIS DRIVE 1 #10-360
Postcode	511530
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	NO COLLISION
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?	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)	3
Passenger 1	NAME: : NIL GENDER: : FEMALE
Passenger 2	NAME: : NIL GENDER: : MALE

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

PLS REFER TO THE ATTACHED 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	SLG2632J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YUEN WEE WAH
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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:

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

21/8/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

NO IDEA OF
SKETCH PLAN.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Im at Ang Mo Kio hub was correct.
On 8/8/2018, Im the driver.

No idea of what happened because
my car E781 seen nothing wrong.

* I just happen to open letter yesterday late
noon.

So come down today to reporting.

Thanks.

DECLARATION

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

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.:

21/8/2018

A C SYED & PARTNERS

Advocates & Solicitors

Commissioner for Oaths

101A Upper Cross Street

#13-23 People's Park Centre

Singapore 058358

Tel : 6538 7411 Fax : 6534 1011 (Not for service of Court Documents)

Our Ref : ACS.CH(ys)MISC.18.ts
Date : 13 August 2018

TOH SIEW SIANG (ZHUO XIUXIANG)
Blk 530A Pasir Ris Drive 1
#10-360 Singapore 511530

WITHOUT PREJUDICE

BY CERTIFICATE OF POSTING

Dear Sirs

ACCIDENT INVLG SLG 2632J & ET 81B ON 8.8.18 @ANG MO KIO HUB CARPARK RAMP

We act for **YUEN WEE WAH**, the registered owner of motorvehicle No. **SLG 2632J** in the above matter.

Our investigation reveals that you were the owner of motorvehicle No. **ET 81B** at the time of the accident. Kindly confirm.

Please let us have the following particulars and document:-

- (a) the name, address and NRIC No. of the driver;
- (b) whether the said motorvehicle was at the time of the accident covered by a policy of insurance and if so, the particulars thereof.
- (c) whether the driver was at the time of the accident driving as your servant or agent; and
- (d) whether the driver was an authorized driver and covered by the policy of insurance.
- (e) a copy of your Motor Accident Report (GIA report)/Police report.

Please take notice that there is a presumption in law that the said driver was driving as your servant or agent unless you confirm otherwise. Kindly revert within the next 5 days.

We advise that upon receipt of this letter you should report the above accident to your insurers immediately together with your Certificate of Insurance to enable them to assist you.

If you fail to do so, your said insurers may exercise their right not to cover you against our client's claim. In such event, our client will look to you for his claim. If you are found liable, you will have to pay our client's damages out of your own pocket.

Yours faithfully

cc. client [by fax]

Office Hours: Monday to Friday 9.00 a.m. to 5.00 p.m.
Closed on Saturday, Sunday & Public Holidays

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

