SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number **Contact Number EMail Address**

- 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 witholding 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

Date Of Accident 04/09/2018 12:30 Exact Location Of Accident MARYMOUNT RD B4 JUNC OF SIN MING AVE SINGAPORE DETAILS OF OWN VEHICLE (Pehicle Registration Number GBC2175B INSURABLE STATE	aforesaid.	
Date Of Accident 04/09/2018 12:30 Exact Location Of Accident MARYMOUNT RD B4 JUNC OF SIN MING AVE SINGAPORE DETAILS OF OWN VEHICLE GBC2175B GBC		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss DETAILS OF OWN VEHICLE Wehicle Registration Number GBC2175B Wanne Of Registered Owner Co Reg No Email Address Mobile Phone No Wehicle Particulars Wanufacturer Monufacturer More Of which vehicle was being used at ime of accident oyour vehicle? If No, Please state action to be taken THIRD PARTY Chelice Category Finsurance Company Type Of Coverage Filed Policy Policy Number Cover Note Number Diriver Wanne of Driver Name of Name of Markette Lector Name Name of Name of Name Name of Name	Date Of Report	05/09/2018 10:41
Details of Country/State of Loss Details of OWN VEHICLE Albertole Registration Number GBC2175B Same Of Registered Owner Name Of Registered Owner Same Of Same Owner Same Of Same Owner Same Of Insurance Company Commercial Vehicle Same Of Same Owner Same Of Insurance Company Commercial Vehicle Same Of Same Owner Same Of Diver Sam	Date Of Accident	04/09/2018 12:30
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Insured/Policyholder Name Of Registered Owner Oc Reg No Email Address NOEMAIL NOEM	D	DETAILS OF OWN VEHICLE
Name Of Registered Owner Co Reg No Email Address NOEMAIL Mobile Phone No Alternative Phone No OFFICE-62927369 Wehicle Particulars Manufacturer Model Exact Purpose for which vehicle was being used at ime of accident Are you claiming under your own insurance policy or repair to your vehicle? If No, Please state action to be taken Vehicle Category Nome of Insurance Company Vehicle Coverage Company Chicke Coverage Company Chicke Coverage Company Chicke Number Cover Note Number Cover Note Number Cover Note Number Cover Note Number Cover Of Birth Cocupation Could Of Birth Cocupation Could Coverage Could Coverage Could Coverage Cover Note Number Cover Note Nu	Vehicle Registration Number	GBC2175B
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Vehicle Category Insurance Company Name of Insurance Company Vehicle Company Name of Insurance Company Open Coverage Company Policy Number Cover Note Number Vehicle Company Name of Driver Name of Driver NRIC No Sate Of Birth Decupation Outdoor Cover Note Policy Diver Sate Of Driving Pass Cover Note Number Cover Note	Are you claiming under your own insurance policy for repair to your vehicle?	NO
Insurance Company Name of Insurance Company Name of Insurance Company COMPREHENSIVE Type Of Coverage COMPREHENSIVE NO Policy Number DMCVSN1654651802 Cover Note Number LIOW AH HOCK NRIC No S1419420G Date Of Birth Docupation OutDOOR Date Of Driving Pass 23/02/1983	If No, Please state action to be taken	THIRD PARTY
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. Type Of Coverage COMPREHENSIVE NO Policy Number DMCVSN1654651802 Cover Note Number - Driver Name of Driver NRIC No Date Of Birth Decupation Divider Div	Vehicle Category	COMMERCIAL VEHICLE
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Policy Number DMCVSN1654651802 Cover Note Number - Driver Name of Driver Name of Driver LIOW AH HOCK NRIC No S1419420G Date Of Birth Cocupation OutDOOR Date Of Driving Pass 23/02/1983	Type Of Coverage	COMPREHENSIVE
Cover Note Number	Fleet Policy	NO
Driver Name of Driver LIOW AH HOCK NRIC No S1419420G Date Of Birth 11/09/1960 Occupation OUTDOOR Date Of Driving Pass 23/02/1983	Policy Number	DMCVSN1654651802
Name of Driver LIOW AH HOCK S1419420G Date Of Birth Deccupation Outdoor Date Of Driving Pass LIOW AH HOCK S1419420G Outdoor S1419420G Outdoor S1419420G Outdoor	Cover Note Number	-
NRIC No S1419420G Date Of Birth 11/09/1960 Decupation OUTDOOR Date Of Driving Pass 23/02/1983	Driver	
Date Of Birth 11/09/1960 Decupation OUTDOOR Date Of Driving Pass 23/02/1983	Name of Driver	LIOW AH HOCK
Occupation OUTDOOR Date Of Driving Pass 23/02/1983	NRIC No	S1419420G
Date Of Driving Pass 23/02/1983	Date Of Birth	11/09/1960
Date Of Driving Pass 23/02/1983	Occupation	OUTDOOR
-	Date Of Driving Pass	23/02/1983
g = q	Driving Experience	35 YEARS AND 6 MONTHS

MALE

NOEMAIL

(LOCAL) +65-97499318

Address BLK 616 BEDOK RESERVOIR RD #10-1126

Postcode 470616

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle -

-

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions RAINING
Road Surface WET

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

NO

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I STOP AT THE MARYMOUNT RD B4 THE JUNCTION OF SIN MING AVE DUE TO RED LIGHT. WHEN THE LIGHT TURN GREEN, I WAS ABOVE TO MOVE, SUDDENLY I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION ACCIDENT.

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 SFT900B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver HO WEE MING

NRIC/Passport Number S1442263C

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver CHUA WEI RONG

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMENCIAL VERNOLL

S9429545I

NO

DETAILS OF INJURED PERSON 1

Name LIOW AH HOCK

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? GBC2175B

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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.

ON CONTROL OF CONTROL

Policyholder's Signature Date & Time: NA P

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

NRIC/FIN No.:

Accident Sketch Plan

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(3)	Driver's Signature		Repor		1	nel's Signat	ure		

DRIVING DOC



























