#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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. 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

Date Of Report 24/11/2018 14:13 Date Of Accident 24/11/2018 14:13 Date Of Accident 24/11/2018 10:55 Exact Location Of Accident GUILLEMARD ROAD JUNCTION OF GEYLANG LORONG 20 Country/State of Loss SINGAPORE  DETAILS OF OWN VEHICLE  Vehicle Registration Number SLN8469M  Insured/Policyholder  Name Of Registered Owner TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI) NRIC No S8842180I Email Address NOEMAIL Mobile Phone No (LOCAL) +65-90176422  Vehicle Particulars  Manufacturer TOYOTA Model COROLLA AXIO-1.5 X (A) Exact Purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR  Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number Cover Note Number  Driver  Name of Driver NRIC No S8842180I	aforesaid.	
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Vehicle Registration Number SLN8469M  Insured/Policyholder  Name Of Registered Owner TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)  NRIC No S8842180I  Email Address NOEMAIL  Mobile Phone No (LOCAL) +65-90176422  Alternative Phone No OTHERS-90176422  Vehicle Particulars  Manufacturer TOYOTA  Model COROLLA AXIO-1.5 X (A)  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair to your vehicle?  If No, Please state action to be taken THIRD PARTY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD  Type Of Coverage COMPREHENSIVE  Fleet Policy NO  MT/00498020  Cover Note Number  Driver  NED S8842180I  TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Exact Location Of Accident	GUILLEMARD ROAD JUNCTION OF GEYLANG LORONG 20
Vehicle Registration Number         SLN8469M           Insured/Policyholder           Name Of Registered Owner         TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)           NRIC No         S8842180I           Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-90176422           Alternative Phone No         OTHERS-90176422           Vehicle Particulars         TOYOTA           Model         COROLLA AXIO-1.5 X (A)           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy or repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         THIRD PARTY           Vehicle Coverage         COMPREHENSIVE           Fleet Policy         NO           Policy Number         MT/00498020           Cover Note Number         Driver           Driver         TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Country/State of Loss	SINGAPORE
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Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number  Cover Note Number  Driver  Name of Driver  PRIVATE CAR  PRIVATE CAR  PRIVATE CAR  DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD  COMPREHENSIVE  NO  MT/00498020  TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)		NO
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Name of Insurance Company  Type Of Coverage  COMPREHENSIVE  Fleet Policy  NO  Policy Number  Cover Note Number  Driver  Name of Driver  Driver  Driver  Driver  Driver  Driver  Driver  Driver  TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Vehicle Category	PRIVATE CAR
Type Of Coverage COMPREHENSIVE  Fleet Policy NO Policy Number MT/00498020  Cover Note Number  Driver  Name of Driver TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Insurance Company	
Fleet Policy NO Policy Number MT/00498020 Cover Note Number  Driver Name of Driver TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Policy Number MT/00498020  Cover Note Number  Driver  Name of Driver TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Type Of Coverage	COMPREHENSIVE
Cover Note Number  Driver  Name of Driver  TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Fleet Policy	NO
Driver  Name of Driver  TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Policy Number	MT/00498020
Name of Driver TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)	Cover Note Number	
	Driver	
NRIC No S8842180I	Name of Driver	TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)
	NRIC No	S8842180I

 NRIC No
 \$88421801

 Date Of Birth
 02/11/1988

 Occupation
 INDOOR

 Date Of Driving Pass
 28/09/2007

Driving Experience 11 YEARS AND 1 MONTH

Gender FEMALE

Mobile Number (LOCAL) +65-90176422

Fax Number

Contact Number OTHERS-90176422

EMail Address NOEMAIL

**BLK 316C PUNGGOL WAY** Address

#10-705 823316

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**

COLLISION - MAJOR/MINOR RD Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

#### Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

#### **Details of Police Action**

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

### PLEASE REFER TO SKETCH PLAN

### Attachment(s)

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

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

SJE9998S Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category TEO HUAY SENG Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

> GENDER: : MALE

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#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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:
  - 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 Signiture Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personheil Signature

NEIC/EIN No.

### **Accident Sketch Plan**

SKETCH PLAN

Guillamore Roce turning Into goylung for 20.	
B - SIE 94985	
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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:

VRIC/FIN No.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$88421801





TEO ZHI HUI, GERALDINE (ZHANG ZHIHUI)

張芝惠 CHINESE

Date of both See 02-11-1988 F SINGAPORE

31942180





S8842180I

06-11-2003

APT BLK 316C PUNGGOL WAY #10-705 SINGAPORE 623316

NRIC No: \$88421801

Date: 12/06/2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3A Motor cars without clutch pedals (Auto) << 3000kg 28 Sep 2007 with << 7 passangers, exclusive of the driver; and other meter vehicles without clutch pedals << 2500kg

NP 428A



















