#### 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	10/12/2018 16:13
Date Of Accident	08/12/2018 16:00
Exact Location Of Accident	CLEMENTI AVE 6
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG8135A
Insured/Policyholder	
Name Of Registered Owner	KOH,WEIJUN DARREN
NRIC No	S8439358D
Email Address	DARREN.DX@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91807737
Alternative Phone No	OTHERS-93652710
Vehicle Particulars	
Manufacturer	KIA
Model	SORENTO
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00468228
Cover Note Number	
Driver	
Name of Driver	KOH LEONG HENG
NRIC No	S1416496J

NRIC No S1416496J
Date Of Birth 22/09/1960
Occupation OUTDOOR
Date Of Driving Pass 26/08/1980

Driving Experience 38 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93652710

Fax Number

Contact Number

EMail Address NOEMAIL

**BLK 407 PANDAN GARDENS** Address

#05-45

Postcode 600407

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **PARENT** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **RAINING** WET Road Surface

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

2

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : YEAP LYE GECK

GENDER: : FEMALE

**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?

NO

NO

**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 NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number GBA6244U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category **COMMERCIAL VEHICLE** 

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 13

**DETAILS OF INJURED PERSON 1** 

Name KOH LEONG HENG

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SKG8135A

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name YEAP LYE GECK

Approximate Age

Injuries Sustain SLIGHT
Injured person in which vehicle? SKG8135A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### Accident Sketch Plan



### SKETCH PLAN

#### 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5 Any faise reporting may be referred to the Police for investigation.
- 5. 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
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to cooles of
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the Gerieral 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)
  - (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 or 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
- (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
- 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
- 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 9 Dec 2017

Driver's Signature

(if driver is not the policyholder)

Date & Time

Repokung Centre Personnel's Signature

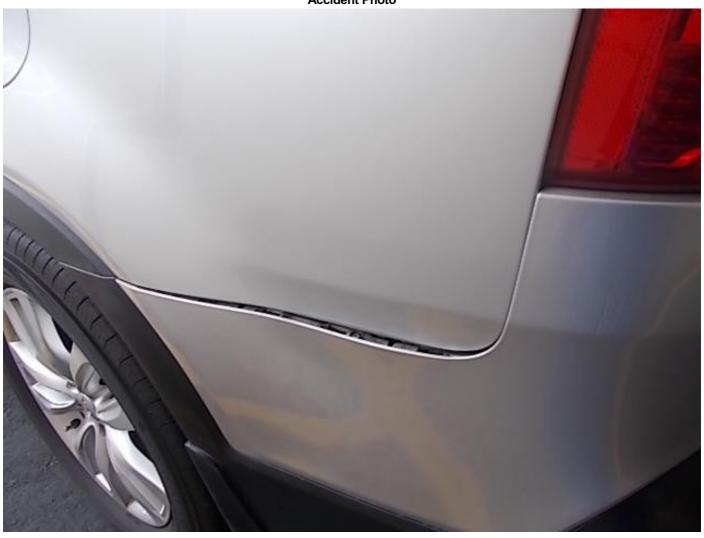
NRIC/FIN No.:

### **Individual Statement**

SKETCH PLAN	A-SKG8135A B-GBA6244U	
9		Clement Logs.
0600		
9		
9	A A A	
	A A	
MON	1 1 5	
D'		
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
	ole at about 16 oothey I	wes travelling
		7
along Clome	mi he 6 towards Aye dires	tion on the Lane 1.
Traffic ligi	M Two ned and my	from vehich stop.
	7	trad vehicle step.
I Stop 700.	. Oca of sudder vahicle	5 can gry on Th
and his o	onle the recrof my ver	nicle A
	7	ncie M .
DECLARATION		
DECLARATION We declare the foregoing particu	plars are true in every respect.	



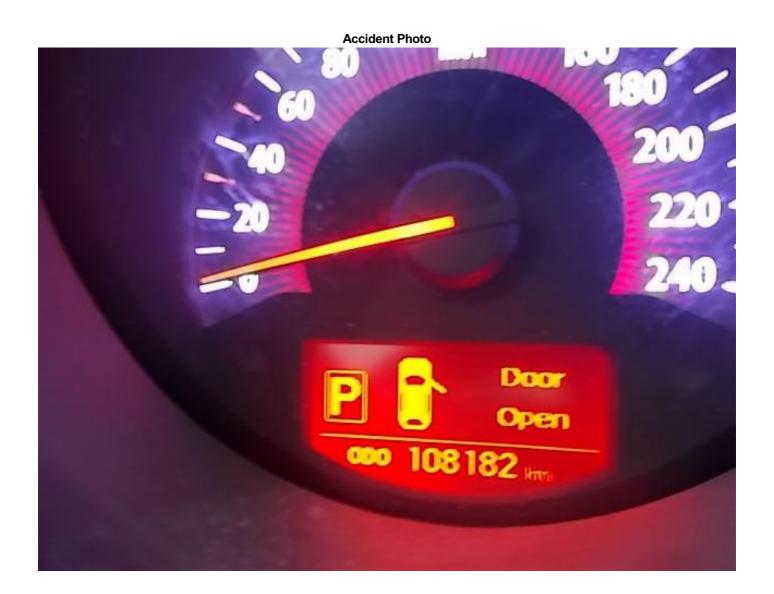












# **Identification Card**

