SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <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

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	AL) +65-92325843
Number	

NOEMAIL

Address BLK 2 EUNOS CRESCENT #02-2575

Postcode 400002

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - COUPLE

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 CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCL3118B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SJW3503G

PRIVATE CAR

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- L. Please report <u>correctly</u> the details of the occident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance.
 Association of Singapore (GIA) for archibing 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 hareby consent to the archiving of this report at the centre and to expline of the report being made evaluable aforesaid.
- 2. Consent under the Personal Data Protection Act (POPA)

I understanti, acknowledge, agree and enneent 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 insurinfs) who have insured vehicle(s) involved in this accident (all insurinfs) 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, hendling and/or dealing with my dains 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 mo;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of cortain 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 dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parestized to collect, use, disclose and/or process my Personal information for one or more of the above Purposes; and
- it) my Personal Information may/can be disclosed by say of the insurers and/or GIA to their third party service providers or against providers of an armony of the characteristic of the characteristi
- (b) my Personal Information will also be collected and used to compile sights bistory 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 agandes as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Pot cytologra Signeture Date & Times

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

Reporting Centre Fersonnel's Signature Name: KRICIFIN No.:

Accident Sketch Plan

Ven 17: 578 5785 4 ven B: SCL 3118 B 4 7 L veh (: 5 TW 35036 SKETCH PLAN E LOWER SELETAR RESEVOIZE TOWARDS MICHON AVE !] DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 7512 Stated time and date Ven A : STR 5785 4 driviva along Lower was Seletar Relevoir (ven C: STW 35036) toward! Yishun Ave lane 1 din car MANAGEL brakes, luckily time and iammed car (venil: SCL 311813) collide onto him. Suddening willded anothe. my my rew CAUSING Onto vehill to SULVAC and that Colliding onto ven DECLARATION /We deplace the foregoing particulars are true in every respect. Pol Claur's Signature Driver Palgrocure Reporting Centre Personnol's Signature (If driver is not the policyholder) Name: Date & Turker Date & Timer MRIC/FIN No.1

































