

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 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.

ACCIDENT STATEMENT

Date Of Report	06/05/2019 16:23
Date Of Accident	03/05/2019 08:00
Exact Location Of Accident	BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH8554T
Insured/Policyholder	
Name Of Registered Owner	VJAYVARMAN S/O GNANASEKARAN
NRIC No	S8512722E
Email Address	VJAYVARM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90028510
Alternative Phone No	OFFICE-90028510

Vehicle Particulars

Manufacturer	AUDI
Model	A6-2.0 (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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2019-V0106934-VDP-E001
Cover Note Number	

Driver

Name of Driver	VJAYVARMAN S/O GNANASEKARAN
NRIC No	S8512722E
Date Of Birth	26/04/1985
Occupation	INDOOR
Date Of Driving Pass	19/09/2011
Driving Experience	7 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90028510
Fax Number	
Contact Number	OFFICE-90028510
E Mail Address	VJAYVARM@GMAIL.COM

Address	337 CHOA CHU KANG AVENUE 3 #01-14 , THE RAINFOREST
Postcode	689872
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	COLLISION - HEAD TO REAR
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	2
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)	2
Passenger 1	NAME: : SAMTHIYA 93834262 GENDER: : FEMALE

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

REFER TO STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8935E
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LENG CHWEE
NRIC/Passport Number	S1772059G
Contact Number	91816711
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

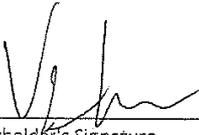
SKETCH PLAN

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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:



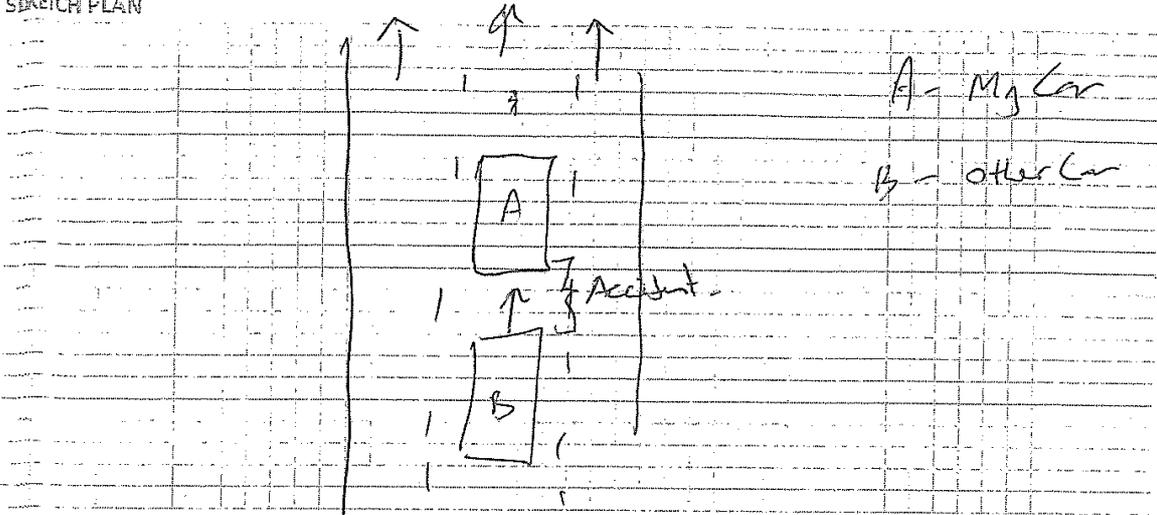
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN

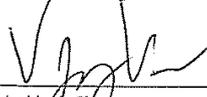


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Car B drove into the back of my car when traffic slowed down. My Booth, Bumper and wheel alignment is affected.

DECLARATION

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


Policyholder's Signature
Date & Time: 06/01/19
3pm


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


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

Accident Photo



Accident Photo



INSURANCE CERT

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks) Rules, 1987 (Federation of Malaysia)
The Motor Vehicles (Third-Party Risks and Compensation) Act, (Cap. 109 of the Revised Edition) (Republic of Singapore)
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1987, (Republic of Singapore)

FORM 801

Policy No. : 2019-00106934-VSP-2001 Risk# : 0001
Policy Type : Drive And Save Plus Cover : Comprehensive

DESCRIPTION OF VEHICLES:
Vehicle Registration : SR8854T
Vehicle Make & Model : AUDI A6 2.0 TFSI 50

Name of Insured : VJAYVANDHAN S/O GUNASEKARAN

Period of Insurance : 23-01-2019 (000000) : to 22-01-2020

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE *

- (a) The Policyholder.
- The Policyholder may also drive a motor car not belonging to or hired under a hire purchase agreement or otherwise to himself or his/her employer or his/her partner.
- (b) Any other person who is driving on the Policyholder's order or with his/her permission.
- (c) In the event of the death of the Policyholder, if any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder, (d) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation to that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

LIMITATIONS AS TO USE

Use for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered Inoperative by Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 109) and Section 95 of the Road Transport Act, 1987 (Malaysia) are NOT to be included under these headings.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 109) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of the Company

Authorized signature

03/05/2019

03-05-2019

Great Eastern General Insurance Limited (Reg. No. 19970000200)
A wholly owned subsidiary of Great Eastern Holdings Limited
1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048669
Tel: +65 6248 2000 Fax: +65 6327 3080 www.gegeneral.com

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



Accident Photo



Accident Photo



