#### 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

ACCIDENT STATEMENT
17/06/2019 15:17
14/06/2019 08:10
MARINA WAY
SINGAPORE
DETAILS OF OWN VEHICLE
SLJ6031B
ROSET LIMOUSINE SERVICES PTE LTD
_
NOEMAIL
OFFICE-81301183
TOYOTA
COROLLA ALTIS
COMMERCIAL
NO
REPORTING ONLY
PRIVATE HIRE
LIBERTY INSURANCE PTE LTD
COMPREHENSIVE
NO
SD18V12322/VPZ/R00
-
ONG CHWEE SENG
S1171814J
15/12/1956
OUTDOOR
03/08/1978
40 YEARS AND 10 MONTHS
MALE
(LOCAL) +65-81262916

**NOEMAIL** 

BLK 577 HOUGANG AVE 4 #04-658 Address

Postcode 530577

Was driver an employee of the Insured's Company NO

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

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

Type Of Accident **COLLISION - CHANGE/CROSS LANE** 

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?

YES

NO

NO

NO

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)

2 Passenger 1

NAME: : UNKNOWN

> GENDER: : MALE

**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** 

PLEASE REFER TO 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 SJT6630T

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)

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#### **Accident Sketch Plan**

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (II) For complying with requirements under my regulations, laws or court orders.

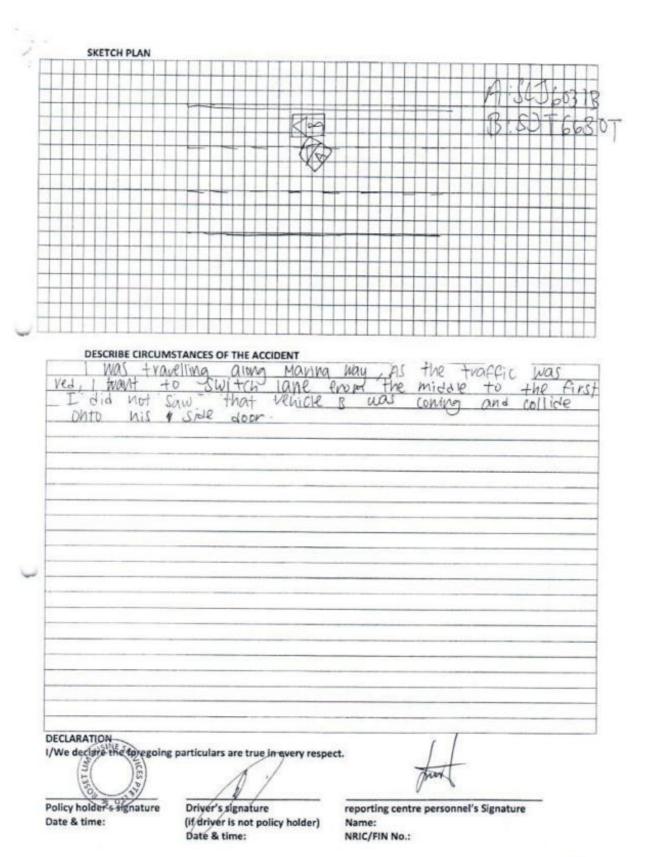
THOUSINE SEARCHES

Policy holder's signature Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature Date / time:

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#### **Accident Sketch Plan**



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#### **DRIVING DOC**









