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

atoresaid.			
	ACCIDENT STATEMENT		
Date Of Report	21/06/2019 11:09		
Date Of Accident	20/06/2019 09:30		
Exact Location Of Accident	PAYA LEBAR ROAD (TOWARDS HOUGANG DIRECTION)		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SLA4300K		
Insured/Policyholder			
Name Of Registered Owner	TOK SOCK KHENG SALLY		
NRIC No	S1410944G		
Email Address	SALLYTOK60@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-97291509		
Alternative Phone No	OFFICE-97729330		
Vehicle Particulars			
Manufacturer	TOYOTA		
Model	HARRIER ELEGANCE 2.0 CVT 2WD		
Exact Purpose for which vehicle was being used at time of accident	PTE		
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 AMERICAN INSURANCE COMPANY		
Type Of Coverage	COMPREHENSIVE		
Fleet Policy	NO		
Policy Number	MOMVP000001915-02-000		
Cover Note Number			
Driver			
N	CNO HOOK OFF		

Name of Driver

NRIC No

S1413575H

Date Of Birth

Occupation

Date Of Driving Pass

ONG HOCK CHYE

S1413575H

29/05/1960

INDOOR

22/04/1978

Driving Experience 41 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97729330

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 313 TAMPINES STREET 33 #10-22

Postcode

Was driver an employee of the Insured's Company NO

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

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: : TOK SOCK KHENG SALLY

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

ON 20/6/2019 @09:30 I WAS DRIVING ALONG PAYA LEBAR ROAD, FRONT CAR'S BRAKE I SLOW DOWN MY CAR TO KEEP A SAFE DISTANCE ,SHORTLY I FELT A STRONG IMPACT FROM BEHIND , UPON CHECKING SMK269E HAD COLLIDED ONTO THE REAR PORTION OF MY CAR SLA4300K

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMK269E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver LEE LI BOON S7419890B NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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
- 7. 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:

- 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)
 - (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")
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Name NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN	P	
Oche: 20/6/19 Time: 0930 A: SLA 4300K B: SMK 269E		
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DECLARATION		
I/We declare the foregoing particula	ars are true in every respect.	ELID .
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	July	
PolicyFolder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Person Signature Name:
	Dute & Time:	NRIC/FIN No.:

CERTIFICATE OF INSURANCE



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Hules, 1950
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVP000001915-02-000

Cover : Private Car (Comprehensive)

Policyholder Name

Tok Sock Kheng Sally

Chassis Number

: ZSU600070674

NCD Entitlement

50% No Claim Discount

Engine Number

: 3ZRB716476

Hire Purchase

Registration Number

: SLA4300K

Period of Insurance From 01/03/2019 (00:00) To 29/02/2020 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Policyholder a)
- Any person who is driving on the Policyholder's order or with their permission b)

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

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business This Policy does not cover:

- a)
- b) Use for racing, pace making, reliability trial or speed testing
- Use for carriage of goods (other than samples) in connection with any trade of business c)
- Use for any purpose in connection with Motor Trade
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 400.00

Workshop

Authorised Workshop

Excess (Section 2)

N/A

Off Peak Car

: No

Windscreen Excess

SGD 100.00

NCD Protection

Yes

ADDITIONAL EXCESS

Please refer overleaf

Driver Details

Main Driver

Tok Sock Kheng Sally

Named Driver 1

Ong Hock Chye

Named Driver 2

Ong Kai Jun

Named Driver 3

: Ong Si Ying

Name of Intermediary

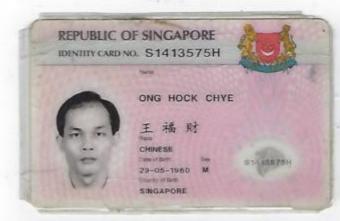
: AVA Insurance Brokers Pte Ltd

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

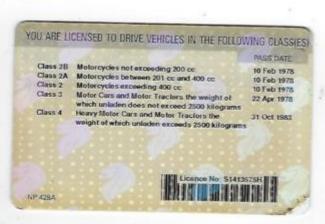
Authorised Signatory



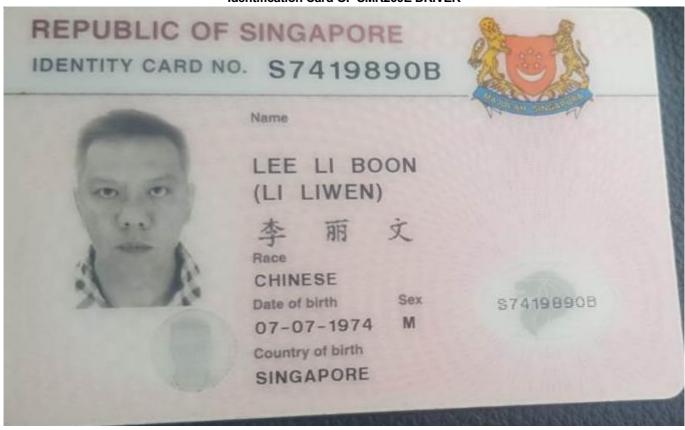


Identification Card





Identification Card OF SMK269E DRIVER



Identification Card OF SMK269E DRIVER





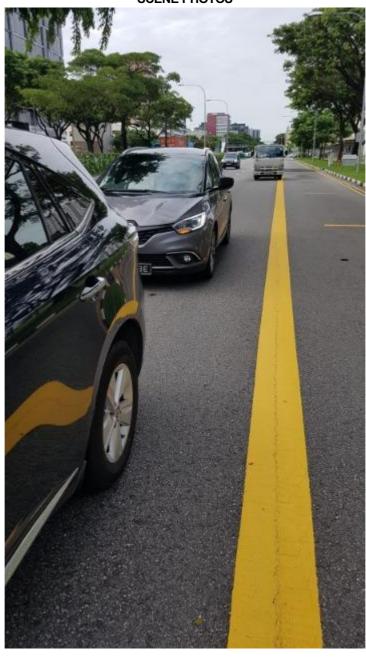


NRIC No. S7419890B

Date of issue 25-03-2013

APT BLK 114 SERANGOON NORTH AVENUE 1 #03-541 SINGAPORE 550114

SCENE PHOTOS



SCENE PHOTOS



SCENE PHOTOS

