### 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.

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	25/07/2019 12:12
Date Of Accident	24/07/2019 13:25
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGL2174Y
Insured/Policyholder	
Name Of Registered Owner	WONG OI MEI
NRIC No	S2556861C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93898818
Alternative Phone No	OTHERS-90887855
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	OPTRA-1.6 (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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00050083
Cover Note Number	
Driver	
Name of Driver	CHEE LEONG WAH COLIN

NRIC No S1608236H
Date Of Birth 11/04/1963
Occupation INDOOR
Date Of Driving Pass 09/12/1980

Driving Experience 38 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90887855

Fax Number
Contact Number

EMail Address COLINCHEE7@YAHOO.COM

32 DAISY AVENUE Address

359508 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**

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

Weather Conditions **CLEAR** DRY Road Surface

### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

2

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

Number of Passengers (Including Driver) 1

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

## Attachment(s)

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

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

SDZ8668L Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category Name of Driver TAN WAN CHENG

NRIC/Passport Number S0123614H Contact Number 97505527

Address 86 HILL VIEW CRESCENT

Postcode 669479

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

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- 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, adinowledge, 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 personal information 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 (all insurers) who have insured wehicle(s) involved in this accident (all insurers) have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
  - 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.

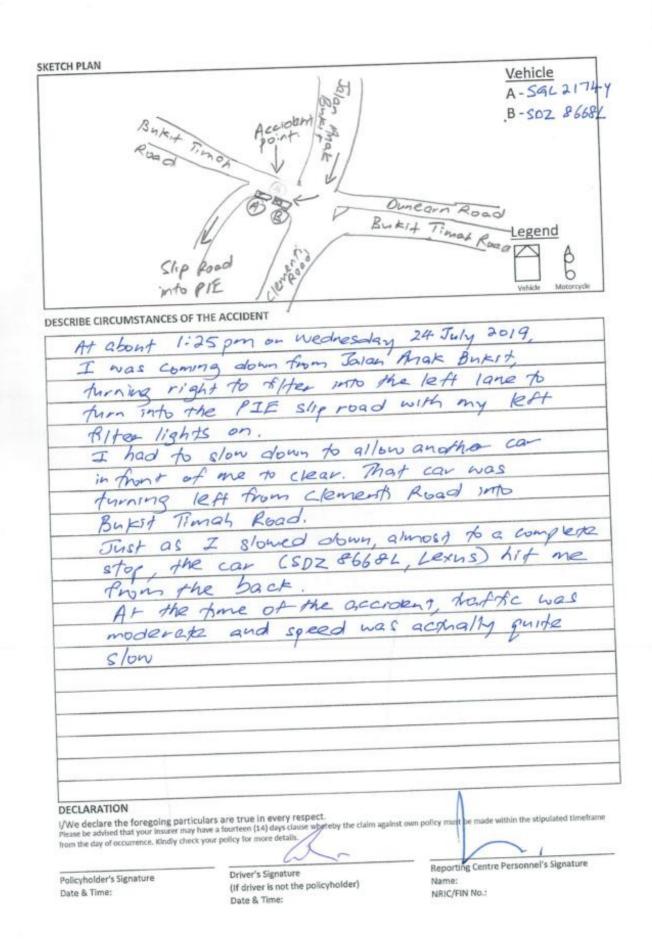
Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder)

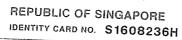
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



## Identification Card & LIC Pg. 1





Name

CHEE LEONG WAH, COLIN



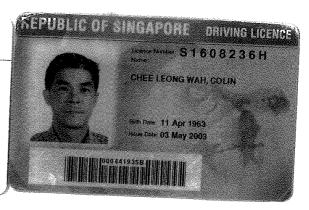
良华

Race
CHINESE
Date of birth
11-04-1963
Country/Place of birth

SINGAPORE

Sex M

\$160**8236**H





22-07-2015

32 DAISY AVENUE SINGAPORE 359508

NRIC No. \$1808236H

<sub>Date:</sub> 12/07/2016 (R)

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Dec. 1980







