

## 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	05/08/2019 10:41
Date Of Accident	03/08/2019 16:30
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS4141U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEONG SOW FOONG JOYCE
NRIC No	S7607070I
Email Address	MYCUTEYPOON@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97777105
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	BMW
Model	318I A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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/00519852
Cover Note Number	28/09/2018 TO 27/09/2019

### Driver

Name of Driver	LEONG SOW FOONG JOYCE
NRIC No	S7607070I
Date Of Birth	12/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/06/2004
Driving Experience	15 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97777105
Fax Number	
Contact Number	OFFICE-NOPHONE
Email Address	MYCUTEYPOON@YAHOO.COM.SG

Address	APT BLK 277D COMPASSVALE LINK #15-298
Postcode	544277
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?	YES
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: : PRISCILLIA NG
	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 SKETCH PLAN

#### 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	GBD8112M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ISLAM AM MD ZAHEDUL
NRIC/Passport Number	G829733Q
Contact Number	84582392
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LEONG SOW FOONG JOYCE
Approximate Age	
Injuries Sustain	NECK ,SHOULDER & BACK
Injured person in which vehicle?	SKS4141U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**DETAILS OF INJURED PERSON 2**

Name	PRISCILLIA NG
Approximate Age	
Injuries Sustain	UNKNOWN- UNDER OBSERVATION
Injured person in which vehicle?	SKS4141U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

**SKETCH PLAN**

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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:

- (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: 3/8/2019  
10 30 AM

Driver's Signature

(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Nelli  
NRIC/FIN No.: 50812019



Direct Issue  
Vehicle: SKS  
H14/U

## Sketch Plan Pg. 2

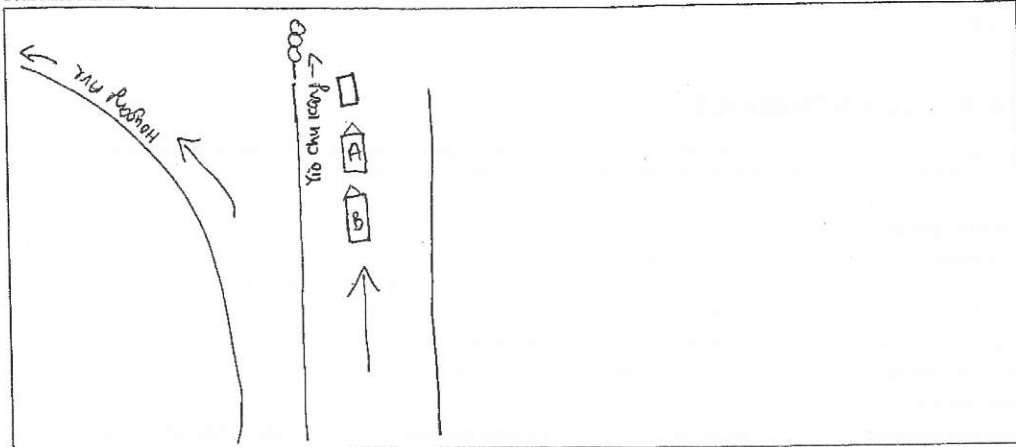
Date of accident: 3 August 2019 Time: 4:30 pm Location: Along Yio Chu Kang Road

My Vehicle A: SKS 4141 U

Vehicle B: GBD A112 M

Vehicle C: —

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 August, 2019 (Saturday) at around 4:30 pm. I was driving along Yio Chu Kang Road toward Upper Serayoon Road. I was stopping at a Red traffic light. My car was the second car behind the red light. As ~~the~~ was making front slightly, while ~~the~~ it was still at red light. My car was completely at stationary when the lorry behind me (GBD A112 M) drove forward and did not stop behind me after my car was stationary. Thereafter there was a loud bang from behind. My passenger and I felt a strong impact as both of us screamed and half body had move forward due to the impact. On the same night, my passenger and I felt aching on our neck, shoulder and back.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Sin Motor

Email address:

&amp; myself:

Email address: mycuteypooah@yahoo.com.sg

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

I/We declare the foregoing particulars are true in every respect. Vehicle: SKS 4141 U

Policyholder's Signature

Date &amp; Time: 31/8/19

10:22 am

CL-0047-01-01-01-01-01-01

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

