

## 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	26/08/2019 10:34
Date Of Accident	23/08/2019 18:55
Exact Location Of Accident	WAN LEE RD TWDS ENTERPRISE RD BESIDE BESLEY & PIKE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJH4823E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MADAM SAW GEOK BEE
NRIC No	S2604349B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96920216
Alternative Phone No	OTHERS-96871548

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MB011411-R10
Cover Note Number	

### Driver

Name of Driver	PAY HUA TIAM
NRIC No	S2703006H
Date Of Birth	25/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	11/09/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96871548
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 532 JURONG WEST STREET 52 #02-433
Postcode	640532
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 ON COLLISION
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)	1

#### 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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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

Vehicle Registration Number	SLB7755G
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)	

#### DETAILS OF INJURED PERSON 1

Name	PAY HUA TIAM
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Approximate Age	
Injuries Sustain	NECK & CHEST
Injured person in which vehicle?	SJH4823E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### 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.

*SAC*

Policyholder's Signature  
Date & Time:

*PMY*

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

*[Signature]* 26/08/19

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

Accident Sketch Plan

SKETCH PLAN



A = SJH4823E

B = SLB7755G

Wan Lee Road  
towards Enterprise Road  
(Beside Besley & Pike  
(Singapore) Pte. Ltd.)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attach

DECLARATION

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

SAW

Policyholder's Signature  
Date & Time

PBJ

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

Lynn 26/08/19

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

Individual Statement

On 23.08.19 at about 18:55 hours along Wan Lee Road towards Enterprise Road (Beside Besley & Pike (Singapore) Pte.Ltd.).

I was travelling straight on my lane, when I was approaching a turning corner along the above mentioned road, suddenly vehicle (B) appeared in front of me I quickly apply my brake and horned to her for my presence but she still keep on drive her vehicle and collided onto front portion of my vehicle (A).

Accident happen due to the vehicle (B) travelling along the opposite direction without checking the oncoming traffic.

Vehicle (A) : SJH4823E

Vehicle (B) : SLB7755G

SAW PA1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



현대자동차㈜  
변속기 TRANSM  
차축 AXLE  
도장 PAINT  
외장 TRIM  
P H 9F 9P  
경비부호 S.V.C  
형식 APPD  
승인 MODEL  
번호 NO

HYUNDAI MOTOR COMPANY  
KMH DU41BR8U552223

Accident Photo



Identification Card

SGH 4823E (driver)

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S270300081



DAY RIDER  
**For LKK/NAC Use Only**

DRIVER  
01 01 1996 M  
MALAYSIA



8388812

NO. S270300081

**For LKK/NAC Use Only**

MALAYSIA

DRIVER  
01 01 1996 M

APT EIR 800 JEROME ROAD SINGAPORE 60011  
SINGAPORE 60011

NO. S270300081

DATE 10/10/2011

ISS. T000013

Driving License

S2703006H (driver)

