### 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.

	ACCIDENT STATEMENT
Date Of Report	27/06/2019 11:17
Date Of Accident	27/06/2019 08:45
Exact Location Of Accident	SLE TOWARDS WOODLANDS AFTER THOMSON EXIT
Country/State of Loss	SINGAPORE

Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR2896G	
Insured/Policyholder		
Name Of Registered Owner	CHEUNG KWOK SANG ALLEN	
NRIC No	S7978683G	
Email Address	LITEUPZEFAYA@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-91292225	
Alternative Phone No	OTHERS-91292225	
Vehicle Particulars		
Manufacturer	HONDA	

CIVIC 1.6 VTI CVT

Model

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?

YES

If No, Please state action to be taken

Vehicle Category PRIVATE CAR

**Insurance Company** 

Name of Insurance Company AVIVA LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 10769944

Cover Note Number

**Driver** 

Name of Driver CHEUNG KWOK SANG ALLEN

 NRIC No
 S7978683G

 Date Of Birth
 23/06/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 17/11/2014

Driving Experience 4 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91292225

Fax Number

Contact Number OTHERS-91292225

EMail Address LITEUPZEFAYA@GMAIL.COM

APT BLK 410B FERNVALE ROAD #24-108 Address

**SINGAPORE** 

Postcode 792410

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** 

**CHAIN COLLISION** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

5

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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** 

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?

NΟ

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLG9191T

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MR LIM

NRIC/Passport Number

91349191 **Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF OTHER VEHICLE PROPERTY 2** 

Vehicle Registration Number

SJY1178P

Page 2 of 17

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver DERRICK

NRIC/Passport Number

Contact Number 96742963

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number SFA585C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR
Name of Driver DESMOND

NRIC/Passport Number

Contact Number 97691820

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number SLP1681B

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number 96471176

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **SKETCH PLAN**

#### **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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. 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.
- 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: 27/06/19

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

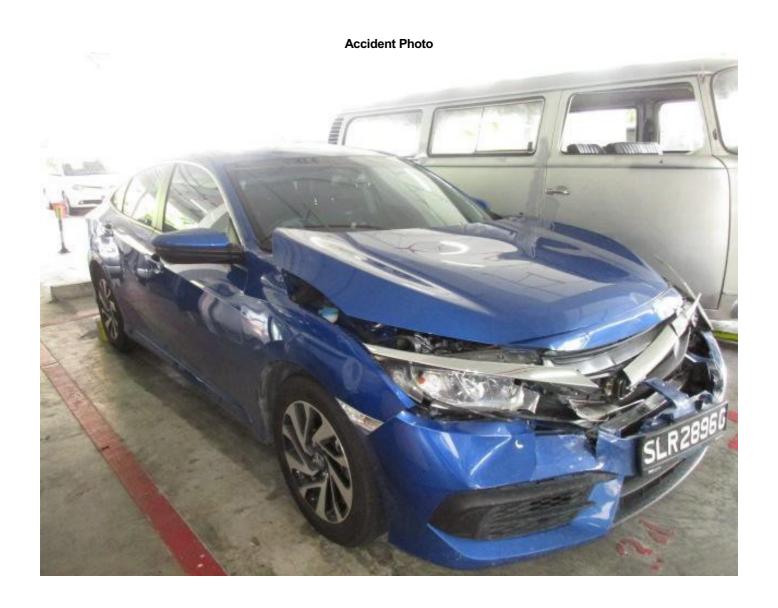
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

WETCH DI AM		
KETCH PLAN		Veh A: 51.R #896
		Vol. 8: 560 (CS)
	7	Veh c: SFASSSC
	-) SLE Expressionly	Veh 0: SJY1178
		veh Estigan
	<u>w</u> - <u>w</u> -	70 70
	→   ≥ N = N ∩	
ESCRIBE CIRCUMSTA	NCES OF THE ACCIDENT	
		112 - 11 1 - 1 - 1
		treme right lane. Suddenly, Veh & (SLF1681B)
in front of me stop	pped I could not brake in time and	collided into the rear of Weh B. On
alighting . I noticed	that there was a chain collision too	ok place between the vehicles in front of
we We from exchang	ne particulars and left the scene. Their	to was no one injured
with one and one and	replication the left the scene like	was no one injured.
ECLARATION		
	a particulars are true in every respect.	
	g particulars are true in every respect.	
ECLARATION We declare the foregoing	g particulars are true in every respect.	
	g particulars are true in every respect.	le
We declare the foregoing		Reporting Centre Personnel's Signature
	Driver's Signature	Reporting Centre Personnel's Signature Name:









#### **CHASSIS NUMBER**



