

## 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             | 02/10/2019 17:46     |
| Date Of Accident           | 01/10/2019 16:30     |
| Exact Location Of Accident | JIC BUILDING CARPARK |
| Country/State of Loss      | SINGAPORE            |

### DETAILS OF OWN VEHICLE

|                             |          |
|-----------------------------|----------|
| Vehicle Registration Number | SKU9893P |
|-----------------------------|----------|

#### Insured/Policyholder

|                          |                      |
|--------------------------|----------------------|
| Name Of Registered Owner | CHUA SING YEE        |
| NRIC No                  | S7912406J            |
| Email Address            | SYCHUA79@GMAIL.COM   |
| Mobile Phone No          | (LOCAL) +65-98378794 |
| Alternative Phone No     | OFFICE-98378794      |

#### Vehicle Particulars

|  |                             |
|--|-----------------------------|
| Manufacturer   | VOLVO                       |
| Model  | V40 D2 A/T ABS D/AIRBAG 2WD |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE                     |
| 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 EASTERN GENERAL INSURANCE LIMITED |
| Type Of Coverage          | COMPREHENSIVE                           |
| Fleet Policy              | NO                                      |
| Policy Number             | 2019-VO101998-VAW-R002                  |
| Cover Note Number         |   |

#### Driver

|                      |                      |
|----------------------|----------------------|
| Name of Driver       | CHUA SING YEE        |
| NRIC No              | S7912406J            |
| Date Of Birth        | 18/04/1979           |
| Occupation           | INDOOR               |
| Date Of Driving Pass | 13/08/1998           |
| Driving Experience   | 21 YEARS AND 1 MONTH |
| Gender               | FEMALE               |
| Mobile Number        | (LOCAL) +65-98378794 |
| Fax Number           |                      |
| Contact Number       | OFFICE-98378794      |
| EEmail Address       | SYCHUA79@GMAIL.COM   |

|   |                       |
|---|-----------------------|
| Address   | 950 DUNEARN<br>#09-03 |
| Postcode  | 589474                |
| 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 | -<br>-<br>-           |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-           |

#### 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)   | 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

PLEASE REFER TO THE SKETCH PLAN FOR INCIDENT DETAILS

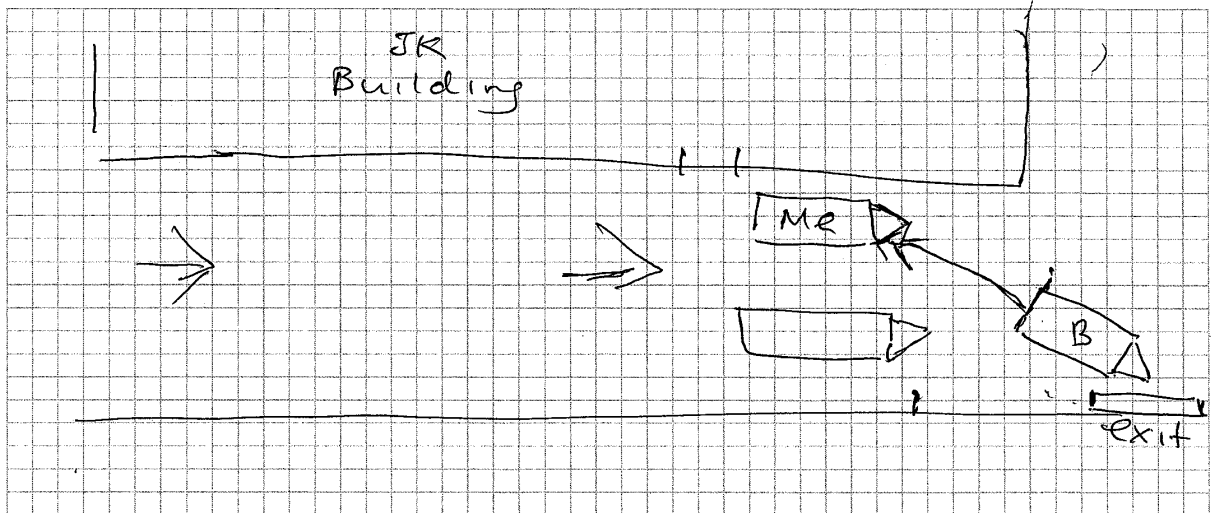
#### Attachment(s)

|   |     |
|---|-----|
| 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         | SMM7140K             |
| Vehicle Make/Model/Colour           | HYUNDAI AVANTE       |
| Details Of Properties               |                      |
| Vehicle Category                    | PRIVATE CAR          |
| Name of Driver                      | JAMALUDIN BIN HASSAN |
| NRIC/Passport Number                | S1699400F            |
| Contact Number                      | 97519848             |
| Address                             |                      |
| Postcode                            |                      |
| Insurance Company Name              |                      |
| Nature Of Damage                    |                      |
| No. Of Passenger (Including Driver) |                      |

## SKETCH PLAN




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 1 Oct 2019, I parked my car at JIC Building at 4.30pm to wait for my daughter. SMM7140K was trying to exit the carpark but the gantry did not open for the car to exit. The driver reversed to let the car behind exit but hit my car when reversing. I sounded the horn to alert him when he was reversing but he couldn't stop in time and hit my car.

## DECLARATION

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



Policyholder's Signature

Date &amp; Time:

02/10/19 3:38pm  
GIAKMC SketchPlanForm\_V1

GIARMC SketchPlatform V.

*[Handwritten signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time: 02/10/19 3.38pm-

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

**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:

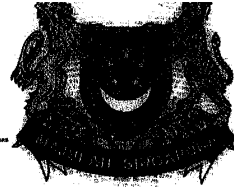
02/07/19 3.38pm

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

Date & Time:  
02/07/19 3.38pm.

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

**REPUBLIC OF SINGAPORE**  
**IDENTITY CARD NO. S7912406J**



Name

**CHUA SING YEE**

**蔡 欣 儀**

Race

**CHINESE**

Date of birth

Sex

**28-04-1979**

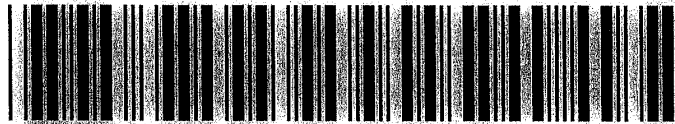
**F**

**S7912406J**

Country of birth

**SINGAPORE**

4564492

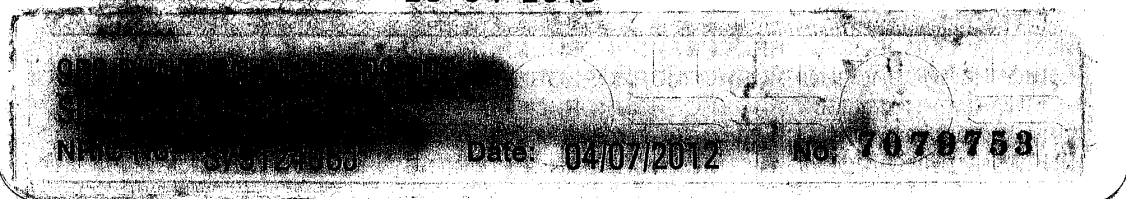


NRIC No. **S7912406J**



Date of issue

**26-04-2010**



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of a woman.

Licence Number: **S7912406J**

Name: **CHUA SING YEE**

Birth Date: **28 Apr 1979**

Issue Date: **15 Jul 2003**

Barcode: **000657717F**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

|   | PASS DATE          |
|---|--------------------|
| <b>Class 3</b> Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms | <b>13 Aug 1998</b> |

NP 428A

Licence No: **S7912406J**

For Customer Service please visit  
1 Pickering Street  
#01-01 Great Eastern Centre  
Tel: +65 6248 2888 Fax: +65 6327 3080



## Certificate of Insurance

ORIGINAL

Road Transport Act 1987 (Federation of Malaysia)  
The Motor Vehicles (Third-Party Risks) Rules, 1959 (Federation of Malaysia)  
The Motor Vehicles (Third-Party Risks and Compensation) Act. (Cap.189 of the Revised Edition) (Republic of Singapore)  
The Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960. (Republic of Singapore)

FORM MX1

Policy No. : 2019-V0101998-VAW-R002  
Policy Type : AutoWise

Risk# : 0001  
Cover : Comprehensive any Workshop

## DESCRIPTION OF VEHICLES:

Vehicle Registration : SKU9893P  
Vehicle Make & Model : VOLVO V40 D2 A/T ABS D/AIRBAG

Name of Insured : CHUA SING YEE

Period of Insurance : 26-08-2019 (0000HRS ) to 25-08-2020

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE \*

(a) The Policyholder.

The Policyholder may also drive a motor car not belonging to or hired (under a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

(c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

\* Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so 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.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

## LIMITATIONS AS TO USE

Use for social domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover use for hire or reward, racing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the 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.

WE HEREBY CERTIFY that the Policy to which this Certificate relates is issued in accordance with the provisions 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 the Company

Authorized Signature

GPCSSYJ

16-07-2019

ACCIDENT PHOTO





ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO



ACCIDENT PHOTO

