SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Occupation

Gender

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number
Contact Number

EMail Address

- 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			
16/10/2019 14:32			
14/10/2019 10:00			
ALONG JALAN BUKIT MERAH			
SINGAPORE			
DETAILS OF OWN VEHICLE			
PC2427J			
THYE HUA KWAN MORAL CHARITIES LIMITED			
201130733N			
LEESEEYEOW@THKMC.ORG.COM			
(LOCAL) +65-92998000			
OFFICE-84852760			
TOYOTA			
HIACE			
WORKING PURPOSES			
NO			
THIRD PARTY			
COMMERCIAL VEHICLE			
NTUC INCOME INSURANCE CO-OPERATIVE LTD			
COMPREHENSIVE			
NO			
5063825995-05			
TAN POH HUA			
S1155933F			
04/01/1956			

OUTDOOR

23/02/1978

MALE

41 YEARS AND 7 MONTHS

LEESEEYEOW@THKMC.ORG.COM

(LOCAL) +65-92998000

OTHERS-84852760

BLK 148 SILAT AVENUE Address

#10-10

Postcode 160148

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident 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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

2

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

5

Passenger 1 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 2 NAME: : COLLEGUE

> GENDER: : MALE

Passenger 3 NAME: : COLLEGUE

> : FEMALE GENDER:

Passenger 4 NAME: : COLLEGUE

> 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

PLEASE REFER TO ATTACHMENT

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 SGH4401A

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category Name of Driver NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR MESIR BIRGUN S7978650J 97235980

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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:
 - 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.

太和观 THK THYE HUA KWAN MORAL CHARITIES LTD

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Per

NRIC/FIN No.

Accident Sketch Plan

SKETCH PLAN			
	188	PHIL	AMBCET
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		
		1	MAN
	A	MAC	A 1
	No '	ř.	
angent			
DECLARATION /We declare the one oing particular	s are true in every respect.		m/16/w/2018
HYE HUA KWAN MORAL CHARITIES LTD. Policyholder's Signature	Tarforda		m/ 16/10/201
Date & Time:	Driver's Signature (If driver is not the policyhol Date & Time:	lder)	Reporting Centre Persoanel's Signature

ATTACHMENT

c Park to Main Road Jew Bukt Merah There is a Yellow Box at Jew Buleit Movah towards Lower Delta Road and traffic was ved a traffic was stalled will yellow Box. I slowly drove out to yellow Box and filler to 2nd land. Sudderly sat 44012 from Julian Box and filler to 2nd land. Sudderly sat 44012 from taffic stalled from Junction Lower Delta Road to the yellow Box. Satt 44012 Box when





















