

## 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 05/12/2019 14:18  
Date Of Accident 05/12/2019 08:00  
Exact Location Of Accident BLK 631 ANG MO KIO AVE 4 CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH8101D  
**Insured/Policyholder**  
Name Of Registered Owner TEO ENG HWEE  
NRIC No S7715382I  
Email Address ERIC\_TEO77@YAHOO.COM.SG  
Mobile Phone No (LOCAL) +65-90125780  
Alternative Phone No OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer TOYOTA  
Model VIOS  
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/00502527/01  
Cover Note Number 26/08/2019 TO 25/08/2020

### Driver

Name of Driver TEO ENG HWEE  
NRIC No S7715382I  
Date Of Birth 07/06/1977  
Occupation INDOOR  
Date Of Driving Pass 31/10/1996  
Driving Experience 23 YEARS AND 1 MONTH  
Gender MALE  
Mobile Number (LOCAL) +65-90125780  
Fax Number  
Contact Number OFFICE-NOPHONE  
EMail Address ERIC\_TEO77@YAHOO.COM.SG

Address	7 ANG MO KIO AVE 9 #03-09
Postcode	569761
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 - MAJOR/MINOR RD
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

REFER TO SKETCH PLAN

#### 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	GZ7871L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YAM SI LIM
NRIC/Passport Number	S0215938D
Contact Number	8404 2243
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

Direct  
Accident

Vehicle: - SJH  
8101D

Policyholder's Signature  
& Time:

5-12-19  
12:30pm

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

5-12-19  
12:30pm

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



Signature  
05/10/19

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 5 DEC 2018 at 8.00 am, I was in carpark at Blk 631, Ang Mo Kio Ave 4 to exit the carpark.

While waiting for other vehicle to exit from the carpark, a vehicle van collided onto my vehicle on the rear right side.

Damage sustained was on the right side rear boot area. Large dented and scratches on rear right light.

## DECLARATION

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

Vehicle  
SYM 8101D

Policyholder's Signature

Date & Time: 5-12-19  
12.30 PM

Driver's Signature

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

Reporting Centre Person's Signature

Name:

NRIC/PIN No:



05/12/19