

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	13/12/2019 10:31
Date Of Accident	09/12/2019 19:00
Exact Location Of Accident	MAXWELL ROAD AND WALLICH STREET JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCL89X
Insured/Policyholder	
Name Of Registered Owner	TAN HAI PENG MICHEAL
NRIC No	S7020677C
Email Address	MICHEAL@HOLEEGROUP.COM.SG
Mobile Phone No	(LOCAL) +65-98150080
Alternative Phone No	OTHERS-98150080

Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMERA 4S
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?	YES
If No, Please state action to be taken:	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	BVPCSB0321411901
Cover Note Number	

Driver

Name of Driver	TAN HAI PENG MICHEAL
NRIC No	S7020677C
Date Of Birth	25/06/1970
Occupation	INDOOR
Date Of Driving Pass	15/11/1990
Driving Experience	29 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98150080
Fax Number	
Contact Number	OTHERS-98150080
Email Address	MICHEAL@HOLEEGROUP.COM.SG



Address	23 JALAN LEBAN
Postcode	577560
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	COLLIDED INTO PROPERTY
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : SELENE QUEK 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 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

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

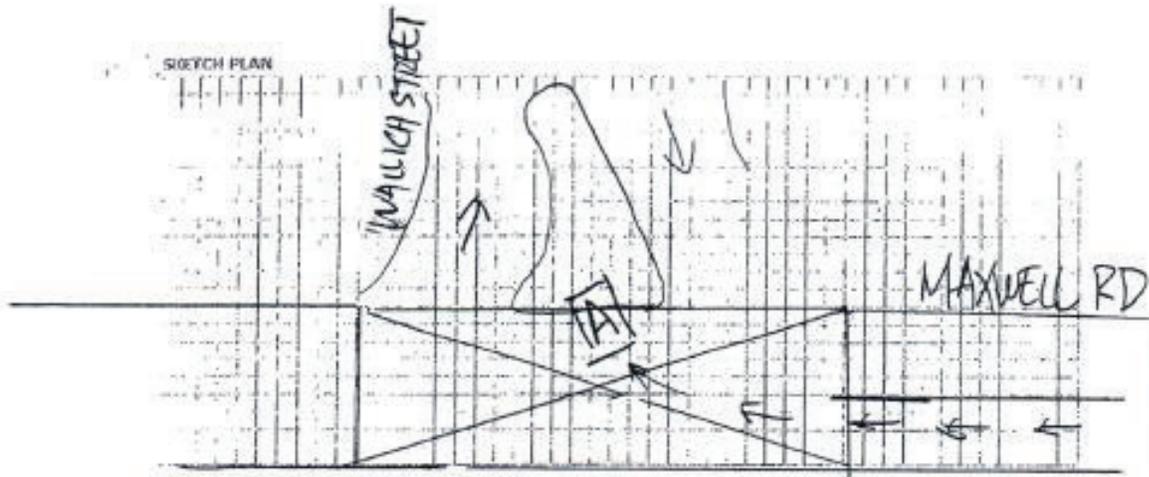
I understand, acknowledge, agree and consent that:

- (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.


 Policyholder's Signature
 Date & Time: 13 DEC 2019
 10:31am


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13 DEC 2019
 10:31am


 Reporting Centre Personnel's Signature
 Name:
 NRIC/PIN No.: Poh Kwee Choo



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Monday 9th dec around 7pm, I was heading toward Guoco Tower for dinner. It was raining. I was traveling alone Maxwell road towards shenton way. I was turning into Wallich street. As it was raining, I didn't see that it was a non-right turn junction, and I also didn't see the kerb island (see attached) due to the poor visibility. As I was turning, a car came from the opposite side and I accelerated, and I mounted and went over the kerb. When my car dismounted from the kerb island, my car have lost tyre pressure signal for both my front tyres. I immediately parked at the open carpark beside Guoco Tower, and when I inspected the car, both front tyres have burst but there was no other exterior damages.

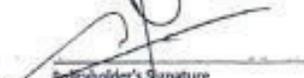
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I called for tow truck to tow my car to Soon Huat Tyre at Enterprise Hub so that they can change my tyres on Tuesday morning. After I collected the car on Tuesday late morning, I realized that my car drives with a lot of noise and vibration. That's when I sent my car to MBM workshop at Sin Ming. MBM only assessed the full damaged and give me the repair cost assessment on Wednesday evening. Upon receiving the assessment cost at \$10k, I realized that I need to claim insurance for the repair.

There was no other 3rd party involved nor was there any body injuries. 09:48

DECLARATION

(We declare the foregoing particulars are true in every respect.


 Policyholder's Signature
 Date & Time: 13 DEC 2019
GWMC-SketchPlanForm_V3

X
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 13 DEC 2019


 Reporting Centre Personnel's Signature
 Name: Poh Kwee Choq
 NRIC/VIN No.: