

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	09/12/2019 12:01
Date Of Accident	08/12/2019 21:00
Exact Location Of Accident	JOHOR BAHRU TOWARDS MALAYSIA CUSTOMS
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF9893G
Insured/Policyholder	
Name Of Registered Owner	ONG LI PING
NRIC No	S8537465F
Email Address	LI_PING161@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93628556
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	SIENTA 1.5 DICE 2WD
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP308565
Cover Note Number	

Driver

Name of Driver	CHUA KEIN FOO
NRIC No	S8363133C
Date Of Birth	19/10/1983
Occupation	INDOOR
Date Of Driving Pass	03/10/2013
Driving Experience	6 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83288966
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 418C FERNVALE LINK #19-168
Postcode	793418
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : DAUGHTER GENDER: : FEMALE
Passenger 2	NAME: : WIFE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN ATTACHED.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO LARGE TO UPLOAD
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDU7789D
Vehicle Make/Model/Colour	MERCEDES C180 / SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Accident Sketch Plan

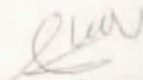
SKETCH PLAN

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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:

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

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

Accident Sketch Plan

SKETCH PLAN

		A - SLF 9893G	
		B - SDU 7789D	
			Lane 1
			Lane 2
			Lane 3
			Lane 4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 08/12/2019 AT ABOUT 2100 HRS, I WAS DRIVING ALONG JOHOR BAHRU TOWARDS MALAYSIA CUSTOMS, THE TRAFFIC WAS VERY CONGESTED AND THEREFORE I KEPT MY VEHICLE STRAIGHT AND WITHIN THE MY LANE. SUDDENLY, VEHICLE B CAME FROM ^{my} LEFT AND SCRATCHED MY FRONT LEFT HAND SIDE OF MY VEHICLE. THEREAFTER, I ALIGHTED MY VEHICLE AND TOOK SOME PICTURES. NEITHER THE DRIVER HAS ALIGHTED NOR GIVE ME HIS NAME OR DRIVING LICENSE DETAILS. ALL HE GAVE WAS JUST HIS MOBILE NUMBER AND THEREAFTER, HE DROVE OFF.
AT ABOUT 2245 HRS, I ARRIVED SINGAPORE WITH MY FAMILY. MY WIFE CALLED THE THIRD PARTY DRIVER. ALL HE MENTIONED WAS HE WILL BE IN OVERSEAS BETWEEN 09/12/19 - 17/12/19 AND WILL CALL US BACK TO DO A PRIVATE SETTLEMENT. HE OFFERED MY WIFE THAT TO DO THE REPAIR IN HIS WORKSHOP OR JUST PAY US \$200 OUT OF HIS GOODWILL OF GESTURE.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

