

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	18/12/2019 12:54
Date Of Accident	17/12/2019 00:15
Exact Location Of Accident	MALAYSIA CUSTOM TWDS SINGAPORE CUSTOM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC3291Z
Insured/Policyholder	
Name Of Registered Owner	TAN JUAT NGOH JOYCE
NRIC No	S0059160B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91140923
Alternative Phone No	OFFICE-91140923

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10952474
Cover Note Number	

Driver

Name of Driver	NG CHUAH LIM
NRIC No	S1702433G
Date Of Birth	10/10/1965
Occupation	INDOOR
Date Of Driving Pass	11/11/1983
Driving Experience	36 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81234419
Fax Number	
Contact Number	

Address	BLK 214 BEDOK NORTH ST 1 #03-161
Postcode	460214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER IN LAW
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	5
Passenger 1	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: UNKNOWN GENDER: : MALE

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

ON THE 17/12/2019 AROUND 12.16AM, WHEN I WAS DRIVING STRAIGHT ON MALAYSIA CUSTOM TOWARDS SINGAPORE, THERE WAS A JAM SO I CAME TO A STOP. WHEN THE CAR IN FRONT OF MY VEHICLE MOVE FORWARD, I MOVED MY CAR STRAIGHT FORWARD AS WELL. OUT OF A SUDDEN, I HEARD A SOUND AND FELT THE IMPACT COMING FROM THE RIGHT HAND SIDE OF MY CAR (SLC3291Z). I STEPPED OUT OF MY VEHICLE AND TAKE A LOOK AND REALISED THAT VEHICLE B (SCY1131G) COLLIDED INTO THE RIGHT HAND SIDE OF MY CAR DOOR AS WELL AS THE BUMPER AND FENDER.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

Vehicle Make/Model/Colour

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)

VEHICLE B

PRIVATE CAR

Sketch Plan Pg. 1

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:

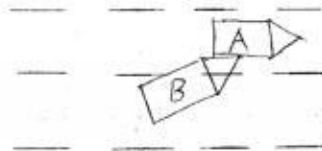

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

A-SLC3291Z
B-SCY1131G

Malaysia custom



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 17 December 2019 around ~~12:16am~~ 12:16am when I was driving straight on Malaysia custom toward Singapore, there was a Jam so I come to a stop. When the car in front of my vehicle move forward, I move my car straight forward as well, all of a sudden I heard a sound and feel the impact coming from the right hand side of my car. (SLC 3291Z) I stepped out of my vehicle and take a look and realise that vehicle B (SCY 1131G) collided into the right hand side of my car doors as well as the bumper and fender.

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.: