

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	26/12/2019 11:23
Date Of Accident	25/12/2019 11:35
Exact Location Of Accident	SIM MING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCW423G
Insured/Policyholder	
Name Of Registered Owner	CHEE CHEE LEONG
NRIC No	SXXXX258G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97525767
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	MOBILIO SV 1.5 CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED.
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10216670R00
Cover Note Number	05/08/2019 TO 04/08/2020

Driver

Name of Driver	LAI WILLIE
NRIC No	SXXXX677E
Date Of Birth	24/01/1944
Occupation	INDOOR
Date Of Driving Pass	02/02/1968
Driving Experience	51 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97525767
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 312 SHUNFU ROAD #07-243
Postcode	2057
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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	SCA3228A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAY KIM SAY
NRIC/Passport Number	SXXXX218A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to your LA and claims provider.
2. The form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any deliberate misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
4. The insured acceptance of this form by insurance companies is not an admission of policy liability on the part of the Insured Companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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.
7. By the completion 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 elsewhere.

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

I, with and, 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 accessed 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 my necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to my enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, notices, reports or notices to me, which could involve disclosure of certain personal data about me relating about delivery of the same as well as on the external cover of envelopes/mail package); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims to achieve 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/are 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 purposes 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

Submitting Centre Representative's Signature
Name
NIC/IN No



[Handwritten Signature]
gavin
21/12/2019

Sketch Plan Pg. 2

SKETCH PLAN

Date: 25/12/19 Time: 11-3pm Location: SIN MING AVE
 My Vehicle A: SCW 423G Vehicle B: SCA 3228A Vehicle C/Others: _____

refer attachment for detail

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sin Ming Drive and stopped at the yellow box junction to give way to traffic. Suddenly a car behind my car failed to stop his car and hit the rear of my car.

() Claim OD / TP at Ah Lim Motor (/) Claim OD / TP at other workshop **方商) 昭噴漆 Only**

Remarks: Please forward a copy of my file accident report to
 My workshop **POON SIANG SEOW**
 Email Address **方商昭噴漆**
 & Myself
 Email Address

POON SIANG SEOW
 Sin Ming Autocity
 No. 160 Sin Ming Drive
 #05-13 Singapore 575722
 Tel: 64537511 Fax: 64538046

POON SIANG SEOW
 Sin Ming Autocity
 No. 160 Sin Ming Drive
 #05-13 Singapore 575722
 Tel: 64537511 Fax: 64538046
 Email: sitti1@singnet.com.sg

Note: Please take note that your insurance is valid for 90 days from the date of the accident. Kindly check with your own insurer for more information.

DECLARATION

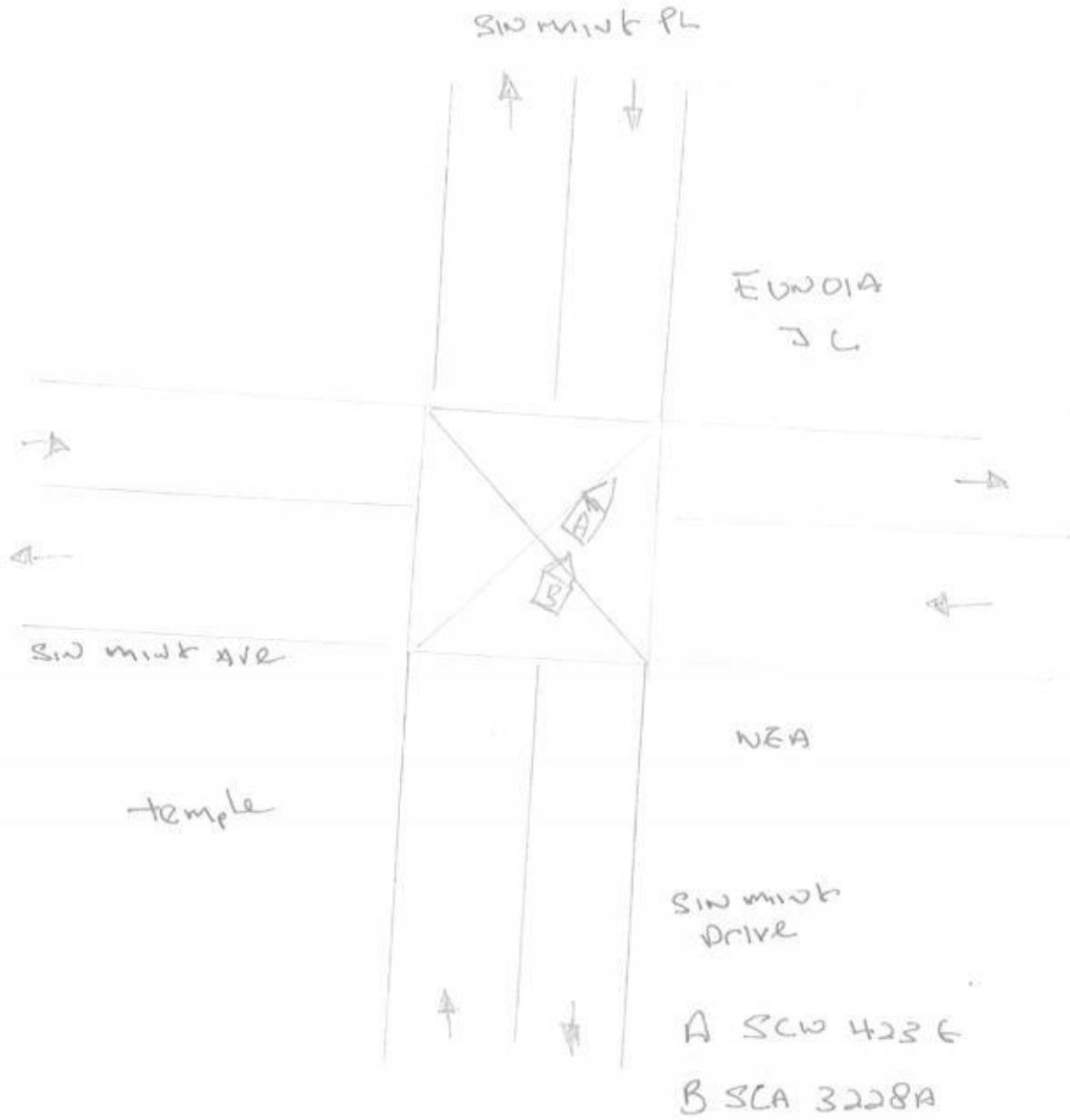
We declare the foregoing particulars are true in every respect

 Policyholder's Signature
 Date & Time

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


 Witnessed by Reporting Centre
[Signature] gant
 26/12/2019

Sketch Plan Pg. 3



26/12/2019
Ali