

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	22/01/2020 11:58
Date Of Accident	19/01/2020 19:10
Exact Location Of Accident	JURONG WEST AVENUE 1 TOWARDS JURONG EAST AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF9683J
Insured/Policyholder	
Name Of Registered Owner	VINCAR LEASING AND RENTAL PTE LTD
Co Reg No	2XXXXX828K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93212278
Alternative Phone No	OFFICE-93212278

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS ALPHA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MJ000693-R01
Cover Note Number	

Driver

Name of Driver	JOHN MON MING KAW
NRIC No	SXXXX999F
Date Of Birth	08/05/1948
Occupation	OUTDOOR
Date Of Driving Pass	14/04/1970
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93212278
Fax Number	
Contact Number	OTHERS-93212278
Email Address	NOEMAIL

Address	BLK 214 CHOA CHU KANG CENTRAL #10-236
Postcode	680214
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	YES
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

PLEASE REFER TO SKETCH AND ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP2491B
Vehicle Make/Model/Colour	
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)	

DETAILS OF INJURED PERSON 1

Name	JOHN MON MING KAW
Approximate Age	
Injuries Sustain	DIZZY AND LEG PAIN
Injured person in which vehicle?	SMF9683J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

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 above 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, view, 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firm, 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 liability;
 - (iii) carrying out and/or dealing with my work issues or responding to any enquiries by me;
 - (iv) administering my claim including the making of correspondence, statements, notices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the claim as well as in the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes").
- (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firm, may/are permitted to collect, view, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/are permitted by any of the Insurers and/or GIA to be shared with any third party, service provider or agent including the Insurers' lawyers/law firm, who may be located outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information may/are permitted and used to compile and share information for the purposes of investigation, research and management or processing of future claims.
- (e) my Personal Information may/are permitted to be used for any other purpose.

I agree to the use of my Personal Information for the above purposes and I understand that my consent is required for the use of my Personal Information for the above purposes. I understand that my consent is required for the use of my Personal Information for the above purposes.


Signature of the Policyholder



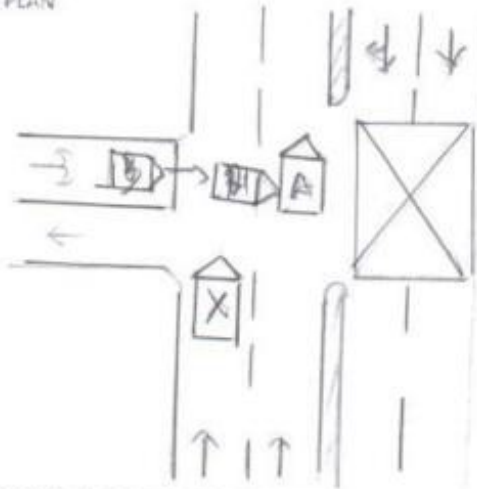
Signature of the Insurer

Signature of the Insurer


22/01/2023
Rohi Wani

Accident Sketch Plan

SKETCH PLAN



A = SMF 9683J

B = SLP 2491B

Turning West Ave 1
toward
Turning East Ave 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

DECLARATION

I hereby declare that the information provided is true and correct.

Signature of Driver
Date



Signature of Driver
Date

Signature of Driver
Date

ATTACHMENT

On 19.01.20 at about 19:10 hours at along Jurong West Ave 1 towards Jurong East Ave 1 (In front of Blk 441 Jurong West Ave 1). While I was driving straight towards Jurong East Ave 1.

Suddenly vehicle (B) came out on my left hand side without stopping at stop line and checking the oncoming traffic hence collided onto my left hand side portion and causing damages to my vehicle.

Vehicle (A) : SMF9683J

Vehicle (B) : SLP2491B

Wan



*22/01/2020
Rep: Watan*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

