

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 18/02/2020 11:11
Date Of Accident 17/02/2020 17:50
Exact Location Of Accident TPE NEAR EXIT 5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGW998S
Insured/Policyholder
Name Of Registered Owner CHUA BENG LEONG
NRIC No SXXXX750G
Email Address VENETIALJM@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-94056696
Alternative Phone No OFFICE-64056696

Vehicle Particulars

Manufacturer MERCEDES-BENZ
Model B CLASS
Exact Purpose for which vehicle was being used at time of accident PRIVATE USAGE
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
Cover Note Number

Driver

Name of Driver LIM JIA MIN VENETIA
NRIC No SXXXX815J
Date Of Birth 19/10/1997
Occupation INDOOR
Date Of Driving Pass 23/01/2017
Driving Experience 3 YEARS AND 0 MONTHS
Gender FEMALE
Mobile Number (LOCAL) +65-94056696
Fax Number
Contact Number
Email Address VENETIALJM@HOTMAIL.COM

Address	6 LI HWAN WALK
Postcode	556870
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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	3
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 ATTACHMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6471E
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX9771D
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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)

SKETCH PLAN

C: SJX 9771D
A: SGW 998S (me)
B: SLG 6471E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 17/2/2020 @ 5.50pm, I was travelling along the TPE expressway near exit 5. car C suddenly Jam braked. Then I, braked in time, the car came to a stop. (car A)
Then B couldn't stop in time and hit my rear. causing my car (car A) to hit car C

DECLARATION

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

[Signature]

COMPANY/CLUB/ENGINEERING FIRM
EXTERNAL BUSINESS DEVELOPMENT
NAME OF THE REPORTING CENTRE
DATE

Policyholder's Signature
Date & Time: 10.20 am
GIARMC SketchPlanForm_V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 18/2/2020
10.20 am

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

SKETCH PLAN**IMPORTANT NOTICE**

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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:

18/04/20
10.20am

GIARMC SketchPlanForm_V3



Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/2/2020
10.20am

COMFORTDELGRD ENGINEERING PTE LTD

EXTERNAL BUSINESS DIV, UBI BRANCH

NAME & SIGNATURE:

DESIGNATION:

DATE:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: