

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	26/02/2020 16:22
Date Of Accident	26/02/2020 07:30
Exact Location Of Accident	SLIP RD OF AYE TURNING RIGHT TO PORTSDOWN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EL669Z
Insured/Policyholder	
Name Of Registered Owner	LEOW POH MENG GERAD
NRIC No	SXXXX169J
Email Address	GERADLEOW@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96776363
Alternative Phone No	OTHERS-96776363

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250
Exact Purpose for which vehicle was being used at time of accident	GOING TO OFFICE
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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3026681900
Cover Note Number	

Driver

Name of Driver	LEOW POH MENG GERAD
NRIC No	SXXXX169J
Date Of Birth	10/06/1968
Occupation	INDOOR
Date Of Driving Pass	23/03/1989
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96776363
Fax Number	
Contact Number	OTHERS-96776363
Email Address	GERADLEOW@GMAIL.COM

Address	BLK 52 MEYER ROAD #03-54
Postcode	437875
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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)	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 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	GBG7463R
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL GHANI BIN MOHD HASHIM
NRIC/Passport Number	SXXXX601D
Contact Number	86118114
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Accident Sketch Plan

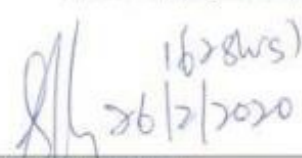
SKETCH PLAN

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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.

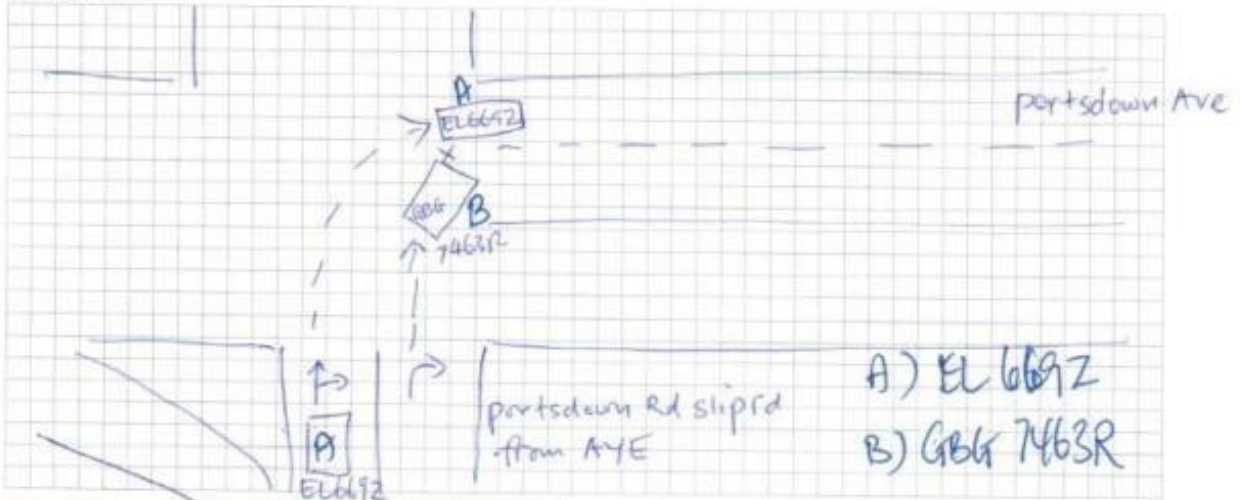

Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 0730hrs, on 26 Feb 2020, I was at sliprd of AYE (Portsdown sliproad) Intending to turn right to Portsdown Ave when the traffic light was in favour.

When the traffic light turned green, I proceeded to turn right to Portsdown Ave from the right most lane (allowable). As I was turning right, suddenly I felt a jolt to my right and I stopped the car and saw that someone had hit my rear right.

I came down after parking to the side of Portsdown Ave (in heavy traffic) and saw that a Van (Nissan I think) GB67463R was responsible for the rear right collision. I enquired if anyone was injured and driver (Adbul Ghani) replied negatively.

I proceeded to exchange driver's particulars and took some pictures. I also got a statement from the driver acknowledging his error when turning right & colliding to my vehicle's right rear.

DECLARATION

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

Policyholder's Signature
Date & Time:

GIAMC SketchPlanForm_V3

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

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

LETTER



26 Feb 2020 0730 hrs.

I, Abdul Ghani, IC no S7423601D
was driving GBG 7463 R on ship rd to
Portsmouth from AYE and in turning right
onto Portsmouth Ave, collided onto EL6692,
hitting its right rear.

No one was injured. I was alone in my
van and Mr Leow S6818169J was
also alone and not injured.

Abdul Ghani

A handwritten signature in black ink, appearing to be "Gh" or "Ghani".

Mr. Leow

A handwritten signature in black ink, appearing to be "S/L" or "Leow".

26/02/2020
Rashid

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



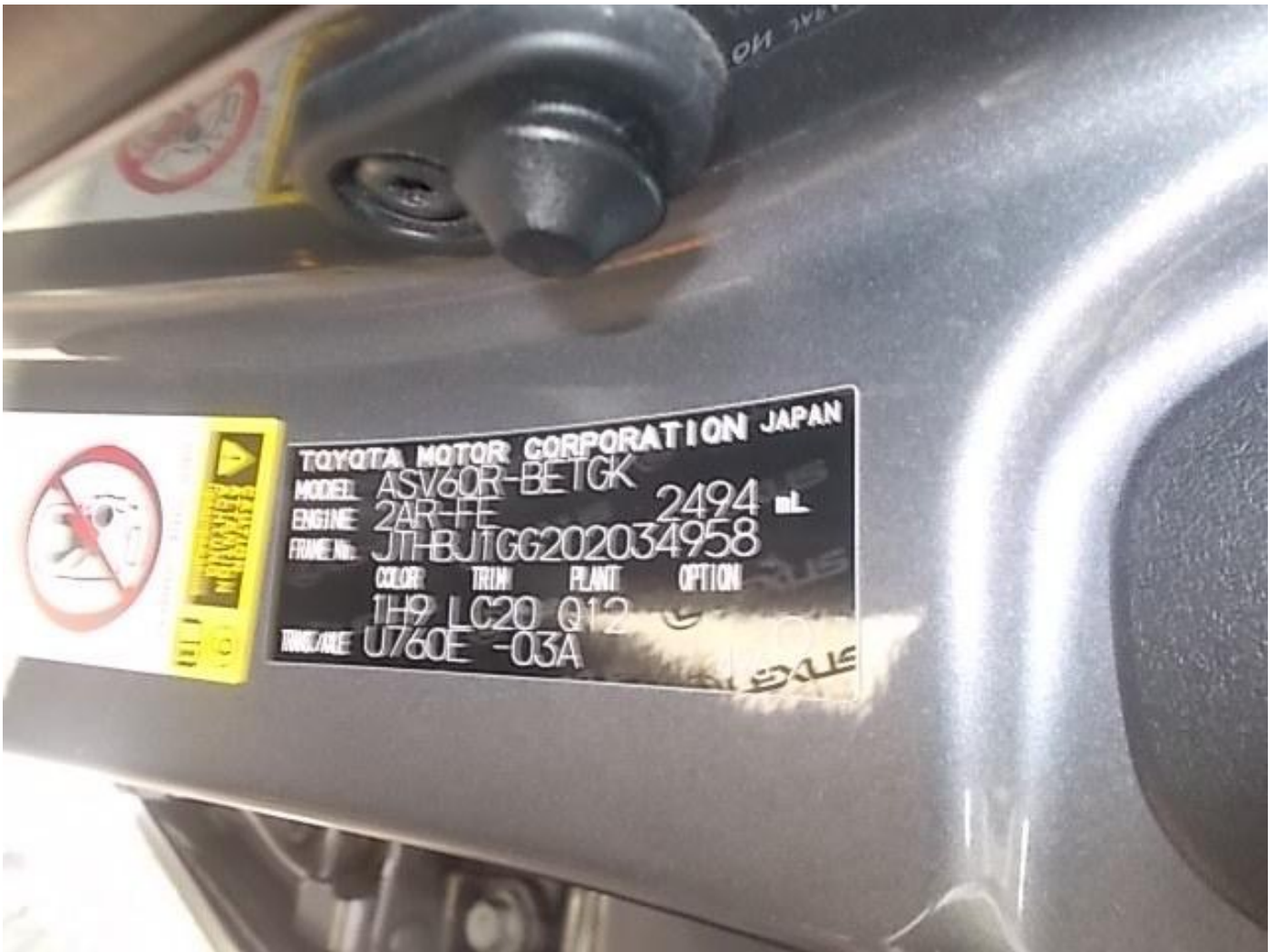
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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550820G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NYAY00025488 Vehicle Registration No : EL 699 Z
Name (as shown in NRIC) : LOW BOH MANU GERAD NRIC/FIN/Passport No : SXXXXX169J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 96776363
Email Address : _____
Date of Accident : 26/08/2020 Time of Accident : 07:30
Place of Accident : Slip Rd of BKE turning Right To Portdown Ave
Insurance Company : Chuan Toipner

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

EMAIL ADDRESS To GERAD@LOW@GMAIL.COM.

Policyholder / Driver's Signature _____
Date: _____

26/08/2020
Reporting Centre Personnel's Signature _____
Name: _____
NRIC/FIN No.: _____
Date: _____