

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 04/05/2020 11:46
 Date Of Accident 02/05/2020 15:40
 Exact Location Of Accident FILTER ROAD ON UBI AVE 2 TOWARD PAYA LEBAR RD
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB7516S
Insured/Policyholder
 Name Of Registered Owner NG WEI HAO
 NRIC No SXXXX282B
 Email Address WEIHAO_NG@HOTMAIL.COM
 Mobile Phone No (LOCAL) +65-98573709
 Alternative Phone No OTHERS-98573709

Vehicle Particulars

Manufacturer TOYOTA
 Model VIOS E AUTO
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE

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 P10296586R00
 Cover Note Number 20/12/2019 - 24/01/2021

Driver

Name of Driver NG WEI HAO
 NRIC No SXXXX282B
 Date Of Birth 26/09/1990
 Occupation INDOOR
 Date Of Driving Pass 23/03/2009
 Driving Experience 11 YEARS AND 1 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-98573709
 Fax Number
 Contact Number OTHERS-98573709
 EMail Address WEIHAO_NG@HOTMAIL.COM

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 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) 3

Passenger 1

NAME: CHONG JIA WEN

GENDER: FEMALE

Passenger 2

NAME: JOVY NG YING XIN

GENDER: FEMALE

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 THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PASS TO HIS OWN WORKSHOP

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLS8731D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LOONG LI YEE

NRIC/Passport Number

SXXXX353A

Contact Number

97480063

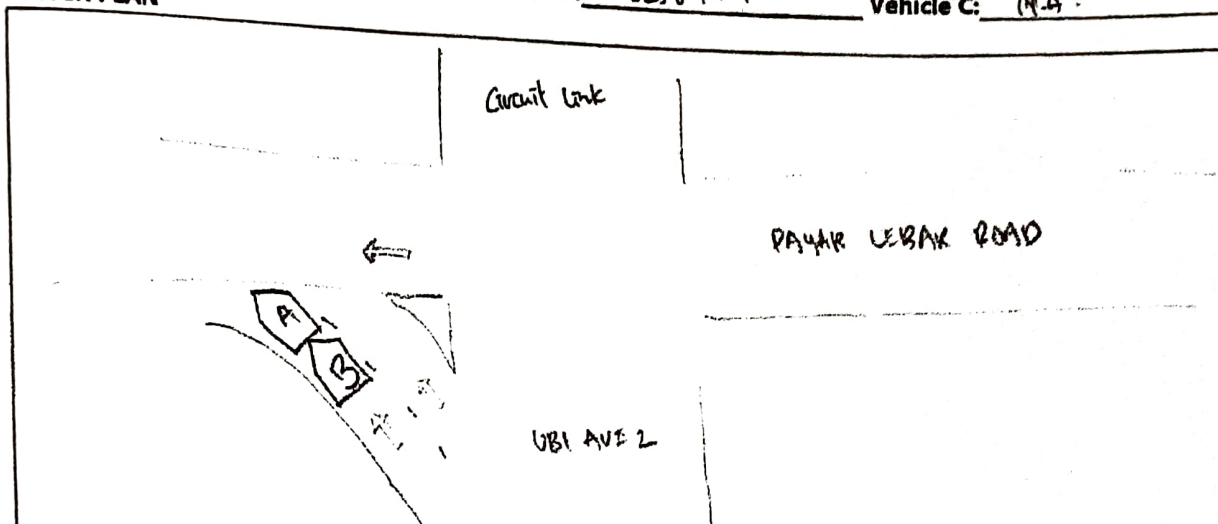
Address

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Date of accident: 2/5/2020 Time: 3:40 pm
My Vehicle A: SKB 7516 S Location: Filtered road on UBI AVE 2 toward Paya Ubar Rd
SKETCH PLAN Vehicle B: SLS 87310 Vehicle C: N/A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was in my vehicle SKB 7516 S at the filtered road of UBI AVE 2.
Was in a stationary position waiting for traffic and suddenly vehicle B (SLS 87310)
knocked my vehicle from the back.

Traffic was light at the point of accident, clear weather.

Vel B: Loong Li Yee / S92113534
Lp 9748 06063

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under
you own policy. Kindly check with your own insurer for more information.

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.:

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.: