

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	23/04/2020 15:13
Date Of Accident	22/04/2020 18:00
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1556A
Insured/Policyholder	
Name Of Registered Owner	KHOO KWEE SIANG
NRIC No	SXXXX957Z
Email Address	ANGTECKCHEE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96887868
Alternative Phone No	OTHERS-97547232

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AD AVANTE 1.6 GLS (A)
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D20MPC0001066
Cover Note Number	25/02/2020 - 24/02/2021

Driver

Name of Driver	ANG TECK CHEE
NRIC No	SXXXX252D
Date Of Birth	06/07/1963
Occupation	INDOOR
Date Of Driving Pass	24/08/1984
Driving Experience	35 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97547232
Fax Number	
Contact Number	
Email Address	ANGTECKCHEE@GMAIL.COM

Address BLK 682C WOODLANDS DRIVE 73 #13-247
 Postcode 733682
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured SPOUSE
 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 THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

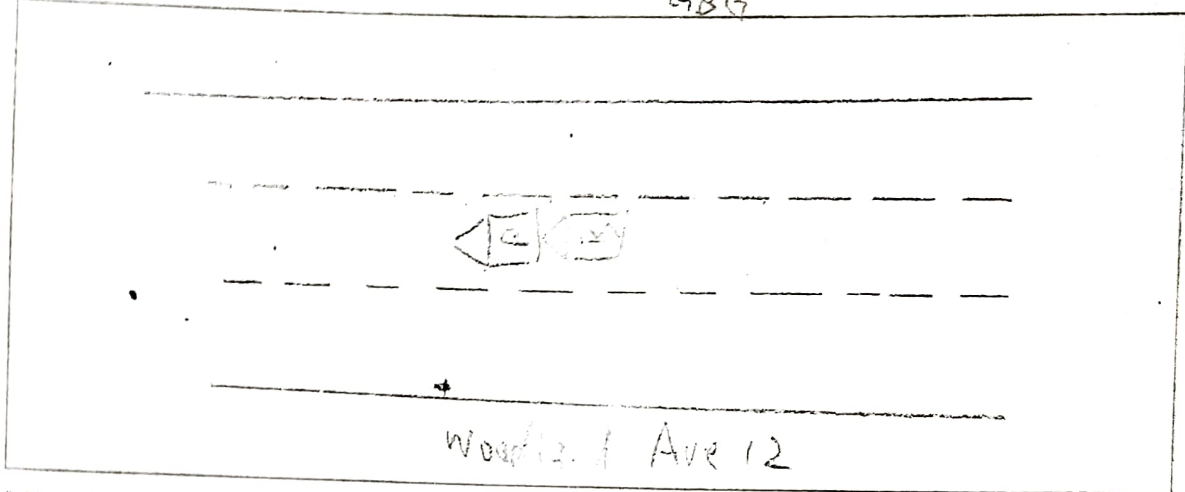
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: PASS TO HIS OWN WORKSHOP
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBG8988L
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

2020
Date of accident: 22-04-19 Time: 18:00 Location: Woodland Ave 12
My Vehicle A: SMJ 1556A Vehicle B: ~~GAG 8988L~~ Vehicle C: ~~GAG 8988L~~
SKETCH PLAN GAG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When I driving my car SMJ 1556A along Woodland Ave 12 toward Sembawang, I heard a brake sound from behind and a lorry GAG 8988L hit my rear bumper.

☐ 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 your 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: 23/4/19
15:03

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



Sketch Plan Pg. 2

SKETCH PLAN

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7. By the lodging 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 forever.
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 insurers who have insured vehicles involved in this accident (all insurers) who have insured vehicles 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 purposes of processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims.
 - b) Investigating the accident and/or my claims.
 - c) Carrying out and/or dealing with my instructions or responding to any enquiries by me.
 - d) Administering my claims (including the making 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 exterior cover of envelopes/mail packages) and/or
 - e) Complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes").
9. All insurers who have insured vehicles 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
10. 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 sites outside of Singapore, for one or more of the above purposes.
11. Personal information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and in future claims.
12. The information so collected under (d) above may be shared:
 - i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud (regulator, 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.

Driver's Signature
and Date

Driver's Signature

(if Driver is not the Policemaker)

Date & Time

23-4-19

15.42

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.

