

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 17/06/2020 16:56
Date Of Accident 17/06/2020 13:35
Exact Location Of Accident CLEMENTI ROAD TWDS NGEE ANN PLOY LAMP POST 166F
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD1159G
Insured/Policyholder
Name Of Registered Owner KOK KWEE PHENG
NRIC No SXXXX590G
Email Address KOHKP01@GMAIL.COM
Mobile Phone No (LOCAL) +65-91899270
Alternative Phone No OFFICE-91899270

Vehicle Particulars

Manufacturer TOYOTA
Model CAMRY 2.5 AUTO

Exact Purpose for which vehicle was being used at time of accident

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 10746851
Cover Note Number

Driver

Name of Driver KOK KWEE PHENG
NRIC No SXXXX590G
Date Of Birth 23/05/1947
Occupation INDOOR
Date Of Driving Pass 17/09/1971
Driving Experience 48 YEARS AND 9 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91899270
Fax Number
Contact Number OFFICE-91899270
Email Address KOHKP01@GMAIL.COM

BLA 383 BLUNT BAYON WEST AVE 3
409-302
650262

Name of the Insured's Company NO
Is the Driver with the Insured DRIVER
When Number of Driver's Own

Company of Driver's Own Vehicle

Additional Information of the Accident

Is the Accident

Weather Conditions

CHAIN COLLISION

Road Surface

RAINING

Other Information

WET

Was any foreign vehicle involved in the 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

Have been approached by unknown persons 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 sketch plan

Attachments(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 GDB F148C

Vehicle Make/Model/Colour

Details of Proprietor

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)

DETAILS OF OTHER VEHICLE PROPERTY 2

BlackBerry Curve

8 GB Storage

4GB Category

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

4GB of Storage

SKETCH PLANIMPORTANT NOTICE

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8. **Consent under the Personal Data Protection Act (PDPA)**

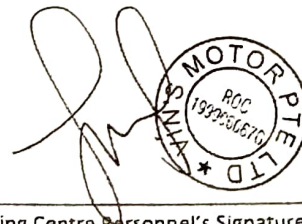
I understand, acknowledge, agree and consent that:

- (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:

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

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



SKETCH PLAN

CLEMENTI ROAD BUS STOP LAMP 166F SUNSET WAY POST

- (A) SLN1159G
- (B) GBB7148C
- (C) SGE4638A

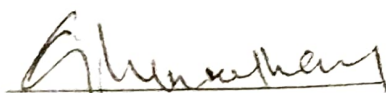
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS STATIONARY DUE TO TRAFFIC LIGHT WAS RED. MOMENTS LATER, A LORRY GBB7148C CAME FROM BEHIND AND HIT INTO MY CAR REAR SECTION. THE IMPACT CAUSED MY CAR TO MOVE FORWARD AND HIT INTO SGE4638A REAR SECTION.


I CAME OUT OF MY CAR AND THE DRIVER OF SG GBB7148C APOLOGISED AND EXPLAINED THAT HIS LORRY HAS SKIDDED RESULTING IT TO HIT INTO MY CAR.

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.: _____

