MVAG20052288 / VAG Singapore Pte Ltd - HQ ENTRY DATE & TIME: 18/06/2020 10:09 SUBMITTED BY: Ong Min Choon

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 witholding 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	18/06/2020 10:09	
Date Of Accident	17/06/2020 13:30	
Exact Location Of Accident	ABOUT JUNCTION OF BULIM AVE TOWARDS TOWN.	
Country/State of Loss	SINGAPORE	
D	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKJ6942J	
Insured/Policyholder		
Name Of Registered Owner	KOHLAYPENG	
NRIC No	S8236819A	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-96369826	
Alternative Phone No	OFFICE-96369826	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	CAMRY-2.0 ABS AIRBAG (A)	
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	

for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY PRIVATE CAR Vehicle Category

Insurance Company

DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number

Cover Note Number

Driver

Name of Driver TAN KIM WARN NRIC No S1116597D Date Of Birth 04/05/1955 Occupation **INDOOR Date Of Driving Pass** 06/06/1973

Driving Experience 47 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96369826

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 521 ANG MO KIO AVENUE 5 #21-4214 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - DAUGHTER IN LAW.

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 **RAINING** Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

YES

2

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Was any other material or property damaged?

NO

Number of Passengers (Including Driver)

2 NAME:

: TAN CAI LING

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?

If Yes, against whom?

NO

Circumstances of Accident

Please refer attached

Attachment(s)

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

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLK576E

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)

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Sketch Plan

SKETCH PLAN

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

l 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:
 - 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing froud, 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/FINING.

Sketch Plan #2

		A. SET 69423
		8. SLK 576E
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DECLARATION	iculars are true in every respect.	my Vehicle.

GMINC Noncompletions (VI)

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Insurance Certificate

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Sum Insured	: Market Value
Over Damage Excess	SS 800.00 (before any applicable GST)
Windscreen Encess	55 100.00 (before any applicable GST)
Choice of workshop	Hy Workshop/ My Authorised Distributor Workshop
Finance company / Mire Purchase	F Course and the Cour
Main driver	: Kah, Lay Peng
And the second s	Named Driver
lamed driver (1)	Tan, Kim Wars

ed Driver to be covered. Any unnamed drivers will not be covered.

Direct Asia Insurance (Singapore) Pte Ltd 20 Anson Road #08-01 Twenty Anson Singapore 079912 www.DirectAsia.com Dione











































