

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	20/07/2020 10:51
Date Of Accident	19/07/2020 13:10
Exact Location Of Accident	SENJA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR5302X
Insured/Policyholder	
Name Of Registered Owner	ANG KENG HOE JAMES
NRIC No	SXXXX035E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97989567
Alternative Phone No	OTHERS-97989567

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ACCENT (RB) 1.4 CVT ABS D/AIRBAG 2WD
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT/00754840
Cover Note Number	

Driver

Name of Driver	TING SAU CHUN CHRISTINE
NRIC No	SXXXX265Z
Date Of Birth	18/12/1967
Occupation	INDOOR
Date Of Driving Pass	28/10/1987
Driving Experience	32 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97507056
Fax Number	
Contact Number	
Email Address	CHRISTINETINGSC@GMAIL.COM

Address	624 SENJA ROAD #19-104
Postcode	670624
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	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 THE ACCIDENT STATEMENT.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SME3646L
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)	

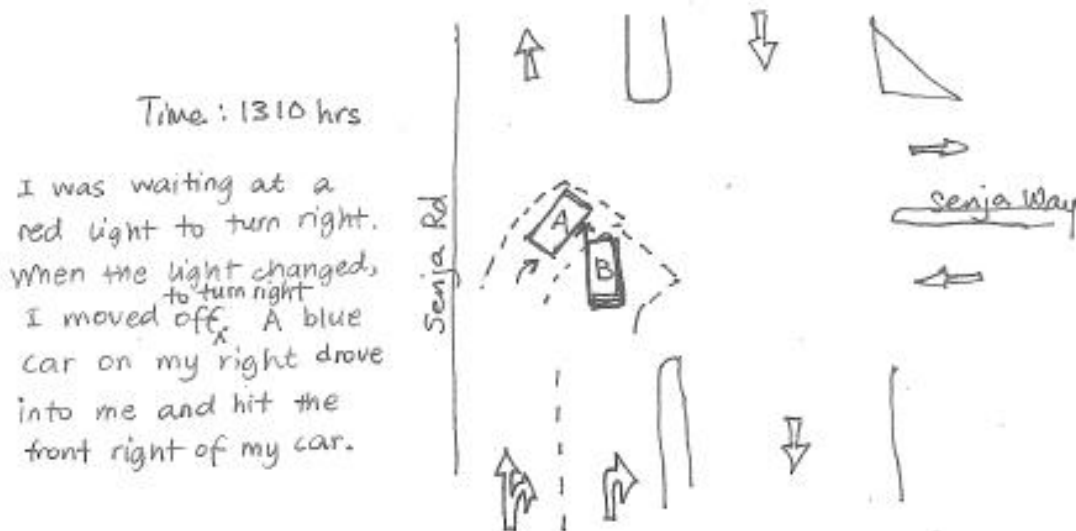
Accident Toolkit

Sketch plan

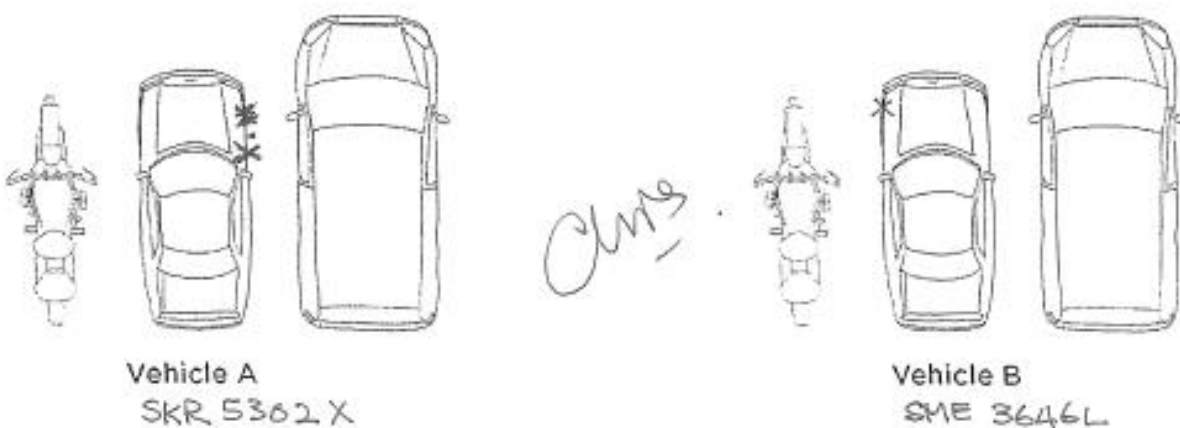
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.



Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Call us direct

Customer Care
6665 5555

Claims Support 24/7 Hotline
6532 1818

+65 6605 3699 (from overseas)

Sketch Plan #2

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: Ny Boon Swee
NRIC/FIN No.:

Driver Ic And Driving Licence (back)



Driver Ic And Driving Licence (front)



Owner Ic (back)



Owner Ic (front)



Your Policy Details

Here's a quick summary of your policy:

Your **Motor Car** insurance policy begins **13/02/2020** and runs until **12/02/2021**.

Policy Number: MT/00754840

Policyholder/ Car Owner	: James Keng Hoe Ang
Declared Main Driver	: James Keng Hoe Ang
Vehicle Registration No.	: SKR5302X
Coverage/ Driver Plan	: Comprehensive/ Flexible Plan
Policy Period	: 13/02/2020 to 12/02/2021
Vehicle Usage	: Private Use + Commuting to work
No Claim Discount	: 10%
Offence Free Discount	: Yes

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Odometer Reading



Tyre Size



Tp Vehicle Damage Photo 1



Tp Vehicle Damage Photo 2



Accident Road Marking Photo

