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

Date Of Accident 27/08/2020 09:00 Exact Location Of Accident BOON LAY WAY Country/State of Loss SINGAPORE ETAILS OF OWN VEHICLE Vehicle Registration Number SLC2159E Insured/Policyholder Name Of Registered Owner TAN LAM CHUAN NRIC No SXXXX050A Email Address NOEMAIL Mobile Phone No (LOCAL) +65-96188561 Alternative Phone No OFFICE-96188561 Vehicle Particulars Model X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR Exact Purpose for which vehicle was being used at irme 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 INDIA INTERNATIONAL INSURANCE PTE LTD Type Of Coverage COMPREHENSIVE	aforesaid.	
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Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number D20MPC0002258	Insurance Company	
Fleet Policy NO Policy Number D20MPC0002258	Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Policy Number D20MPC0002258	Type Of Coverage	COMPREHENSIVE
·	Fleet Policy	NO
Cover Note Number	Policy Number	D20MPC0002258
	Cover Note Number	

Driver

Name of Driver TAN LAM CHUAN NRIC No SXXXX050A Date Of Birth 09/06/1964 Occupation **OUTDOOR Date Of Driving Pass** 24/11/1988 **Driving Experience**

31 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96188561

Fax Number

OFFICE-96188561 Contact Number

EMail Address NOEMAIL Address BLK 161 YUNG PING ROAD

#14-33 610161

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 Registration Number of Briver's Own

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Insurance Company of Driver's Own Vehicle

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General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this 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?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO 1

NO

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

Attachment(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 FBP5140M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category MOTORCYCLE

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

Vehicle Registration Number

FU8518U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

MOTORCYCLE

Accident Sketch Plan

SKETCH PLAN

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- 6. The 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
- 7. By the lodgment 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.
- 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)
 - (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
- 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.
- 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

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN				
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