

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	31/08/2020 08:27
Date Of Accident	28/08/2020 16:50
Exact Location Of Accident	PIE TOWARDS TUAS ALJUNIED FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME9136C
Insured/Policyholder	
Name Of Registered Owner	TAN WEI XUAN JOLYON
NRIC No	S8814230F
Email Address	JOLYONTAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96634184
Alternative Phone No	OFFICE-96634184

Vehicle Particulars

Manufacturer	AUDI
Model	A3
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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	V8009854
Cover Note Number	

Driver

Name of Driver	KOH WEI RU
NRIC No	S9146788G
Date Of Birth	14/12/1991
Occupation	INDOOR
Date Of Driving Pass	15/01/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96634184
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	357 CHOA CHU KANG AVE 3 #06-15
Postcode	689882
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?	YES
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)	2
Passenger 1	NAME: : TAN WEI XUAN JOLYON GENDER: : MALE

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 SEE ATTACHED.

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	SLK5238Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	NA
Address	NA NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	NA

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAN WEI XUAN JOLYON
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SME9136C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	357 CHOA CHU KANG AVE 3 #06-15
Postcode	

DETAILS OF INJURED PERSON 2

Name	KOH WEI RU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SME9136C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	357 CHOA CHU KANG AVE 3 #06-15 357
Postcode	

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

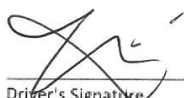
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

28/8/2020 6:00pm

GIA/MA Sketch Plan Form V2



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



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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8814230F

Name: TAN WEI XUAN, JOLYON
(CHEN WEIXUAN)
陈伟旋

Race: CHINESE
Date of birth: 25-04-1988
Sex: M
Country/Place of birth: SINGAPORE

58319230F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9146788G

Name: KOH WEI RU

Birth Date: 14 Dec 1991
Issue Date: 15 Jan 2020

003017748J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9146788G

Name: KOH WEI RU
许惠茹

Race: CHINESE
Date of birth: 14-12-1991
Sex: F
Country of birth: SINGAPORE

FOR KFS
ACCIDENT CLAIM
USE ONLY

FOR KFS
ACCIDENT CLAIM
USE ONLY

5937056

NRIC No. S8814230F

Date of issue: 15-05-2018
357 CHOA CHU KANG AVENUE 3 #06-15
WANDERVALE SINGAPORE 689882
NRIC No. S8814230F Date: 16/07/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE: 15 Jan 2020

Class 3A Motor cars without clutch pedals (Auto) with unladen weight \leq 3000kg with \leq 7 passengers, excluding driver; and other motor vehicles without clutch pedals with unladen weight \leq 2500kg

Licence No: S9146788G

NP 428A

4475912

NRIC No. S9146788G

Date of issue: 29-09-2009
357 CHOA CHU KANG AVENUE 3 #06-15
SINGAPORE 689882
NRIC No. S9146788G Date: 22/04/2019

My Policy Details



Policy Type

Lifestyle Protection



(1)



V8009854

AUTOWISE



Policy Status

INFORCE

Commencement Date

22 Oct 2019

Coverage End Date

21 Oct 2020

Potential Lapse Date

-

Servicing Agent

OCBC

EMPLOYEE

(HIP/MYWO

RLD)



| — Collapse All

insurance details

Coverage Details

Product Name	AUTOWISE
Plan Name	Comprehensive

Vehicle Information

Vehicle Make and Model	AUDI - A3
Engine Cc	1395.0
Year of Manufacture	2018
Body Type	SALOON/SEDAN
Registration No.	SME9136C
Engine No.	CZE802019
Chassis No.	WAUZZZ8V0J1082094

Additional Information

No Claim Discount	40%
Safe Driver Discount	5%
NCD Protector	No

While every effort is taken to ensure accuracy, some information may not be updated in real-time.
The information contained herein is to be used for reference purposes only.

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Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo

