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

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	ACCIDENT STATEMENT
Date Of Report	27/08/2020 09:46
Date Of Accident Exact Location Of Accident	27/08/2020 06:45 ALONG TPE (PIE), 9KM NEAR LAMP POST 467
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH6672L
Insured/Policyholder	
Name Of Registered Owner NRIC No	NEO MING FENG
Email Address	@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-
Alternative Phone No	OTHERS-

Ve	eh.	icl	е	Pa	arti	CI	ula	ars

Manufacturer **HONDA**

Model SHUTTLE-1.5 G (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

THIRD PARTY If No, Please state action to be taken

Vehicle Category PRIVATE CAR

NRIC No **S86D**

Date Of Birth

Occupation **INDOOR** Date Of Driving Pass 28/02/2007

Driving Experience 13 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-

Fax Number

Contact Number OTHERS-

EMail Address Gxxxxxxxxx@HOTMAIL.COM

Insurance Company

AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED. Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P10266423R00

Cover Note Number

Driver

Name of Driver **NEO MING FENG**

Address 64

Postcode 760229 Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the InsuredOWNER

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

DETAILS OF OTHER VEHICLE PROPERTY 1

SLT2619E Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

SEOW CHEE TECK 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

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

4

Was any body injured in the Accident?

YES

Was any injured conveyed to hospital by

ambulance?

YES

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?

YES

If Yes, Please state which Police Station

POLICE STATION NAME [OTHER] ONLINE Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?YES

Was there any audio recorded?

Vehicle Registration Number SJJ7791H

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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHF740X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TOH TECK GUAN

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name UNKNOWN

Approximate Age Injuries Sustain

Injured person in which vehicle?

SLT2619E

Were seat belts worn?

Was this injured conveyed to hospital by

ΥE

S ambulance? Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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
 interested parties.
- 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) 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 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

GIARRIE SeinchPlaifform_VII

Date & Time: 27 Ay 2021

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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Date & Time: NRIC/FIN No.:	0.47.1.11		

GIARRAC ShetchPlanForm_V3

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Police Report

Brief details.

On 27 August 2020, at about 06:46AM, I was driving on TPE (PIE) along 9KM near LP467 and a red Trans-cab Tax SHF740X was ahead of me. The vehicle SHF740X suddenly jammed brake in front of me and I followed suit to jam brake as well. I then felt a bang from the back of my car which pushed me forward to knock SHF740X.

When I alighted from my car, I realised a while Toyota SLT2619E had remained in physical contact with the back of my car. There was another White Honda SJJ7791H behind SLT2619E which had knocked into SLT2619E as well.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/08/2020 10:19
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

There was 01 passenger apart from the driver (Toh Teck Guan) in SHF740X. There was also 01 passenger apart from the driver (Seow Chee Teck) in SLT2619E. The passenger in SLT2619E complained about leg pain and the driver called for an ambulance.







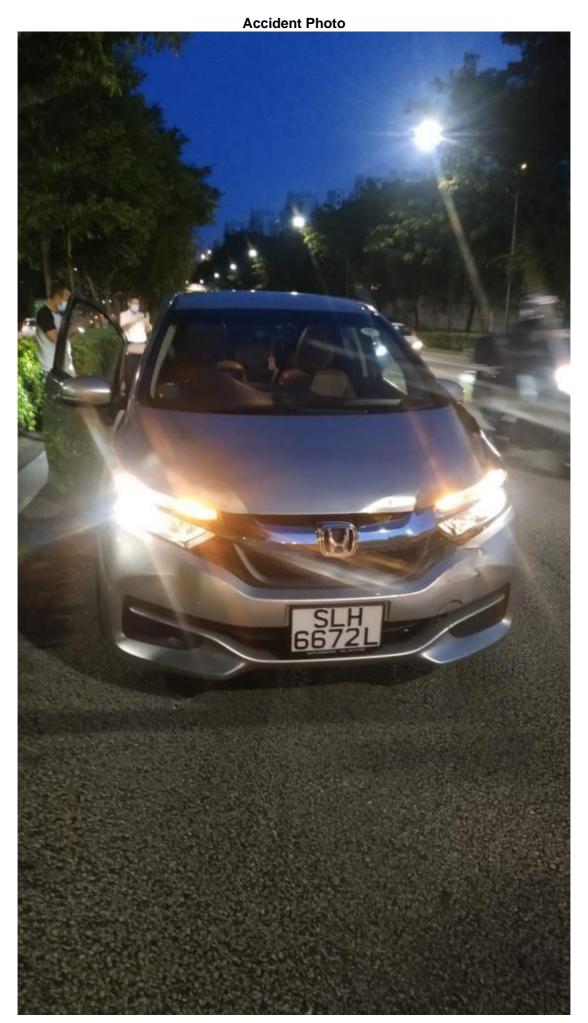




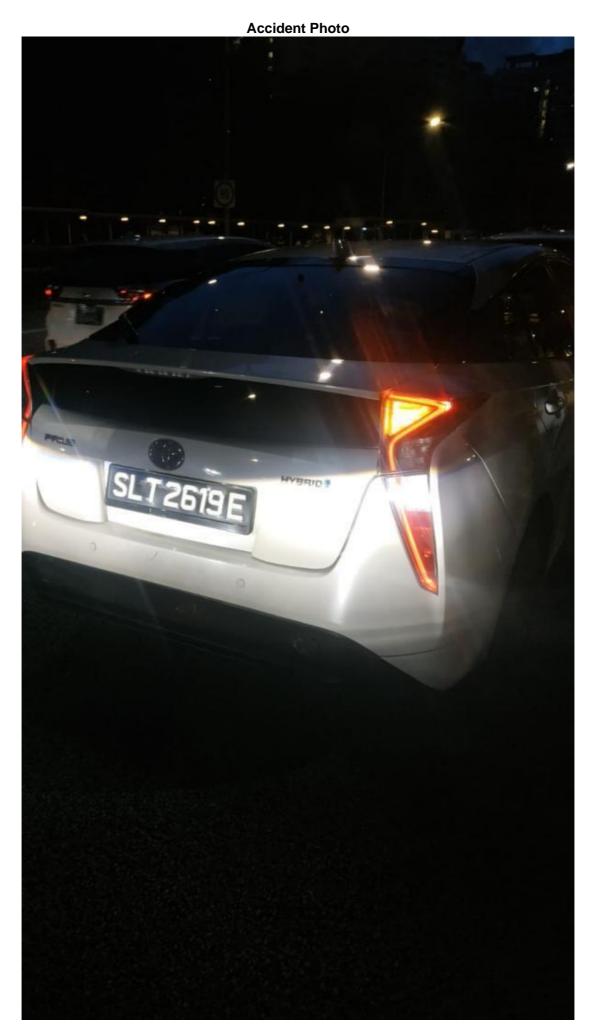


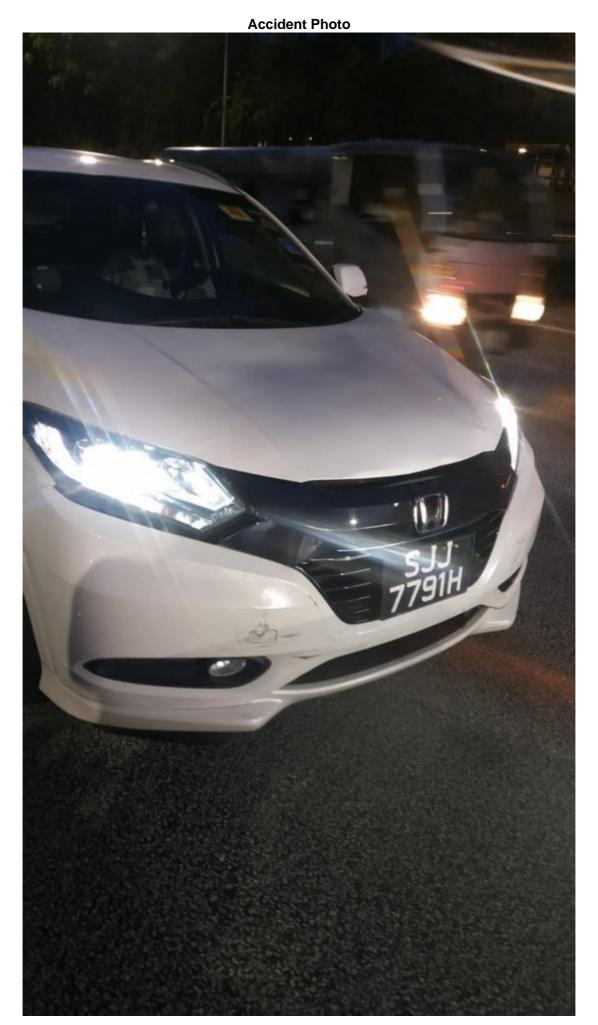


Accident Photo SLH 6672L LITERATE STREET









Driving License

Identification Card