SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> 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

Ante Of Accident 20/09/2020 12:25 Exact Location Of Accident BEGONIA RD Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SKZ1238H Insured/Policyholder Jame Of Registered Owner TAI CHEE KEN S1769346H Small Address PHILLP-ANG9898@GMAIL.COM Mobile Phone No (LOCAL) +65-96750996 Moternative Phone No OTHERS-96750996 Moternative Phone No (HONDA) Model HR-V-1.5 LX CVT (A) PRIVATE USE We you claiming under your own insurance policy or repair to your vehicle? No REPORTING ONLY Periode Category PRIVATE CAR Jame of Insurance Company Joye Of Coverage COMPANY LTD Joye Of Coverage COMPANY LTD Joye Of Coverage COMPREHENSIVE JOYE OF COVERAGE COMPANY LTD Joye Of Coverage COMPREHENSIVE JOYE OF COVERAGE COMPANY LTD JOYE OF COVERAGE COMPANY LTD JOYE COVERAGE COMPANY LTD JOYE OF COV	By the lodgement of this report to the insurers, you hereby cons aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
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RIC No	Insured/Policyholder	
######################################	Name Of Registered Owner	TAI CHEE KEN
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	Date Of Driving Pass	09/04/1986
Conder FEMALE	Driving Experience	34 YEARS AND 5 MONTHS
DELING! LEMALE	Gender	FEMALE
Mobile Number (LOCAL) +65-96750996	Mobile Number	(LOCAL) +65-96750996

OTHERS-96750996

PHILIP.ANG9898@GMAIL.COM

Address 988A BUANGKOK GREEN

#15-61

Postcode 531988

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

Insurance Company of Driver's Own Vehicle

-

2

NO

NO

1

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

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 THE SKETCH PLAAN BY DRIVER

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLF3259C

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)

Page 2 of 15

Sketch Plan Pg. 1

SKETCH PLAN

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 interested parties.
- 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) 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.

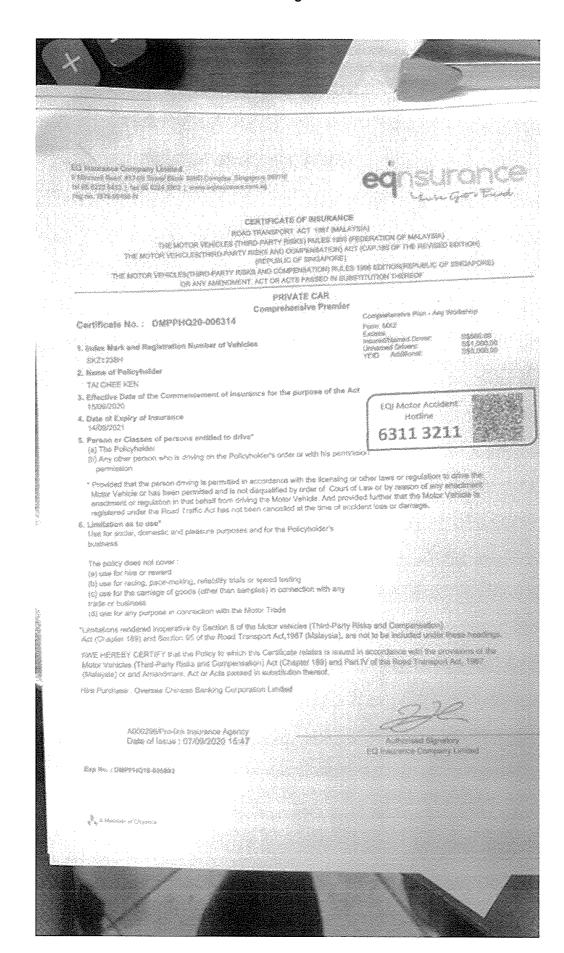
Policyholder's Signature
Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Cent Name: NRIC/FIN No.: omrel's Signature

Sketch Plan Pg. 2

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Identification Card Pg. 1

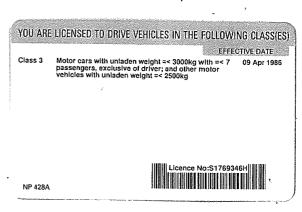




STRICTLY
FOR WORKSHOP USAGE
USE FOR ACCIDENT
REPORTING ONLY

96750996. PC Nowyny. No 4000.





STRICTLY
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