

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	30/09/2020 14:05
Date Of Accident	29/09/2020 13:30
Exact Location Of Accident	CAVENAGH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD3195G
Insured/Policyholder	
Name Of Registered Owner	ARTDECOR DESIGN STUDIO PTE LTD
Co Reg No	2XXXXX091C
Email Address	WILCHAN@ARTDECORDESIGN.NET
Mobile Phone No	
Alternative Phone No	OFFICE-62221702

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2020-V0113348-VCV
Cover Note Number	

Driver

Name of Driver	MIA SUJON
Passport No/FIN	GXXXXX717N
Date Of Birth	03/02/1992
Occupation	OUTDOOR
Date Of Driving Pass	05/01/2020
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82777187
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 7 DEFU LANE 10 #01-534
Postcode	539108
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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

REFER TO SKETCH PLAN.

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	SJM310T
Vehicle Make/Model/Colour	BMW
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)	

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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:

30 SEP 2020

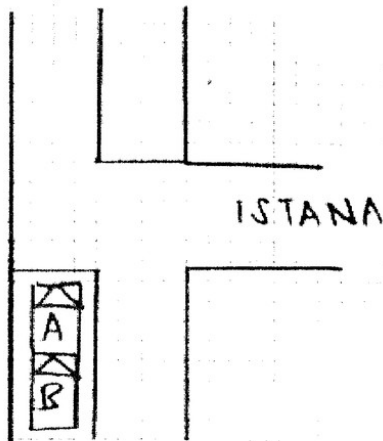
Driver's Signature
(If driver is not the policyholder)
Date & Time:

30 SEP 2020

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

Jenny Lim

SKETCH PLAN



A - 68031956

R- SJM310T

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic light turn red, I proceeded to slow down when suddenly VHS collided onto my rear.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

30 SEP 2020

5. vision

Driver's Signature

(If driver is not the policyholder)

Date & Time:

30 SEP 2020

an.



Reporting Centre Personnel's Signature



Name:

NRIC/FIN No.:

Jenny Lim

Identification Card Pg. 1

WORK PERMIT	
Employment of Foreign Manpower Act (Chapter 91A)	
Republic of Singapore	
Employer MYTDESIGN DESIGN STUDIO PTE. LTD.	
	Name MIA SUJON
	Work Permit No. G 63737654
	Sector CONSTRUCTION
	
K0381096	
For Reporting And Purposes Only	

VISIT PASS	
Immigration Regulations	
Name MIA SUJON	
	File G2107737N
	Date of Birth 03-02-1992
	Sex M
	Nationality BANGLADESHI
	MULTIPLE JOURNEY VISA ISSUED
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.	
	

REPUBLIC OF SINGAPORE DRIVING LICENCE

03 Feb 1992
05 Jan 2020
Valid till 04-01-2020

0030138741

For Insurance Claim

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

EFFECTIVE DATE

Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg 05 Jan 2020

SP 425A

00210771716

For Insurance Claim

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Chassis Number

CHASSIS NO	: JNMK6722212085 6550
UNLADEN WT	: 10000 KG
MAX LADEN WT	: 3500 KG
PASSENGER CAP	: 1 DRIVER 2 OTHER
TYRE SIZE	: (F) 175 x 60 x 16 (R) 155 x 15 x 16