

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	12/10/2020 09:38
Date Of Accident	09/10/2020 19:55
Exact Location Of Accident	LAVENDER STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE801L
Insured/Policyholder	
Name Of Registered Owner	LI JUN
NRIC No	SXXXX607Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93220177
Alternative Phone No	OTHERS-93220177

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI CL
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	2020-V0111553-VDP
Cover Note Number	25/05/2020 TO 24/05/2021

Driver

Name of Driver	LI JUN
NRIC No	SXXXX607Z
Date Of Birth	01/08/1978
Occupation	INDOOR
Date Of Driving Pass	09/10/2009
Driving Experience	11 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93220177
Fax Number	
Contact Number	OTHERS-93220177
Email Address	NOEMAIL

Address	3 KHIANG GUAN AVENUE #08-08 (S) 308381
Postcode	
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	-
	-
	-

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	3
Was any body injured in the Accident?	NO
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.	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 with attach.

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	GBH5964U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	GBJ7949R
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1


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:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/10/20

 12:45 PM
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

A. SLE801 L

B. GBH S964U

C. GBJ7949R

A

B

C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was ~~for~~ waiting at the traffic light.
The truck hit me from behind.

DECLARATION

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

Policyholder's Signature

Driver's Signature _____, 2:45 PM

Date & Time: 10/10/20

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

Driving License Pg. 1

10/10/2020 12:33

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7882607Z

Name: LI JUN

Birth Date: 01 Aug 1978

Issue Date: 09 Oct 2009

001793012D

FOR KFS ACCIDENT CLAIM USE ONLY

10/10/2020 12:33

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7882607Z

Name: LI JUN

Race: CHINESE

Date of birth: 01-08-1978

Country/Place of birth: CHINA

Sex: F

5240286

FOR KFS ACCIDENT CLAIM USE ONLY

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 09 Oct 2009

NP 428A

Licence No: S7882607Z

FOR KFS ACCIDENT CLAIM USE ONLY

5240286

NRIC No: S7882607Z

Date of issue: 21/05/2019

3 KHIANG GUAN AVENUE #08-08
SINGAPORE 308381

NRIC No: S7882607Z Date: 21/05/2019

FOR KFS ACCIDENT CLAIM USE ONLY

For Customer Service please visit
1 Pickering Street
#01-01 Great Eastern Centre
Tel: +65 6248 2888 Fax: +65 6327 3080



Schedule

ORIGINAL

Name/Address
MS LI JUN

36 BOON TECK ROAD
SINGAPORE 329605

Policy No. : 2020-V0111531-VDP
Policy Type : Drive And Save Plus
Policy Period : 17-04-2020 to 16-04-2021
Date of Issue : 17-03-2020 Singapore
Agency No. : K0000248
Gross Premium : SGD*****1,024.52

Details of Coverage :

Risk Number : 1 Drive And Save Plus

Hire Purchase : DBS BANK LTD

Particulars of Motor Car:

Registration Number: SLE801L
Make : VOLKSWAGEN GOLF 1.4 TSI CL
Type of Body : SALOON/SEDAN
Cubic Capacity : 1395.00
Year of Manufacture: 2018
Engine Number : CZCC01147
Chassis Number : WVWZZZAUZKW087477

Sum Insured : Market Value

Type of Cover : Comprehensive

Description	Annual Premium	Limit
Basic Premium	SGD 1,797.40	
Less NCB (40.000%)	SGD 718.96	
Less SDD (05.000%)	SGD 53.92	
Total Due:	SGD 1,024.52	

Excess Type : SECTION I

Driver(s)	Standard Excess
LI JUN	SGD 500.00

Subject to Clauses, Warranties, and Endorsements applicable and attached hereto :-

ADDITIONAL EXCESS

AN EXCESS IN ADDITION TO THE STANDARD EXCESS IS APPLICABLE FOR THE
AUTHORISED UNNAMED DRIVERS AS STATED BELOW:-

AUTHORISED UNNAMED DRIVER	ADDITIONAL EXCESS
AGE BELOW 26 OR ABOVE 69	S\$2,500
AGE BETWEEN 26 AND 69 WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	S\$2,500
AGE BETWEEN 26 AND 69 WITH 3 OR MORE YEARS OF DRIVING EXPERIENCE	S\$500
ENDT 25 - STRIKE RIOT AND CIVIL COMMOTION	
ENDT 57 - FLOOD TYPHOON HURRICANE ERUPTION EARTHQUAKE OR OTHER CONVULSION OF NATURE	

GPCSGAW

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



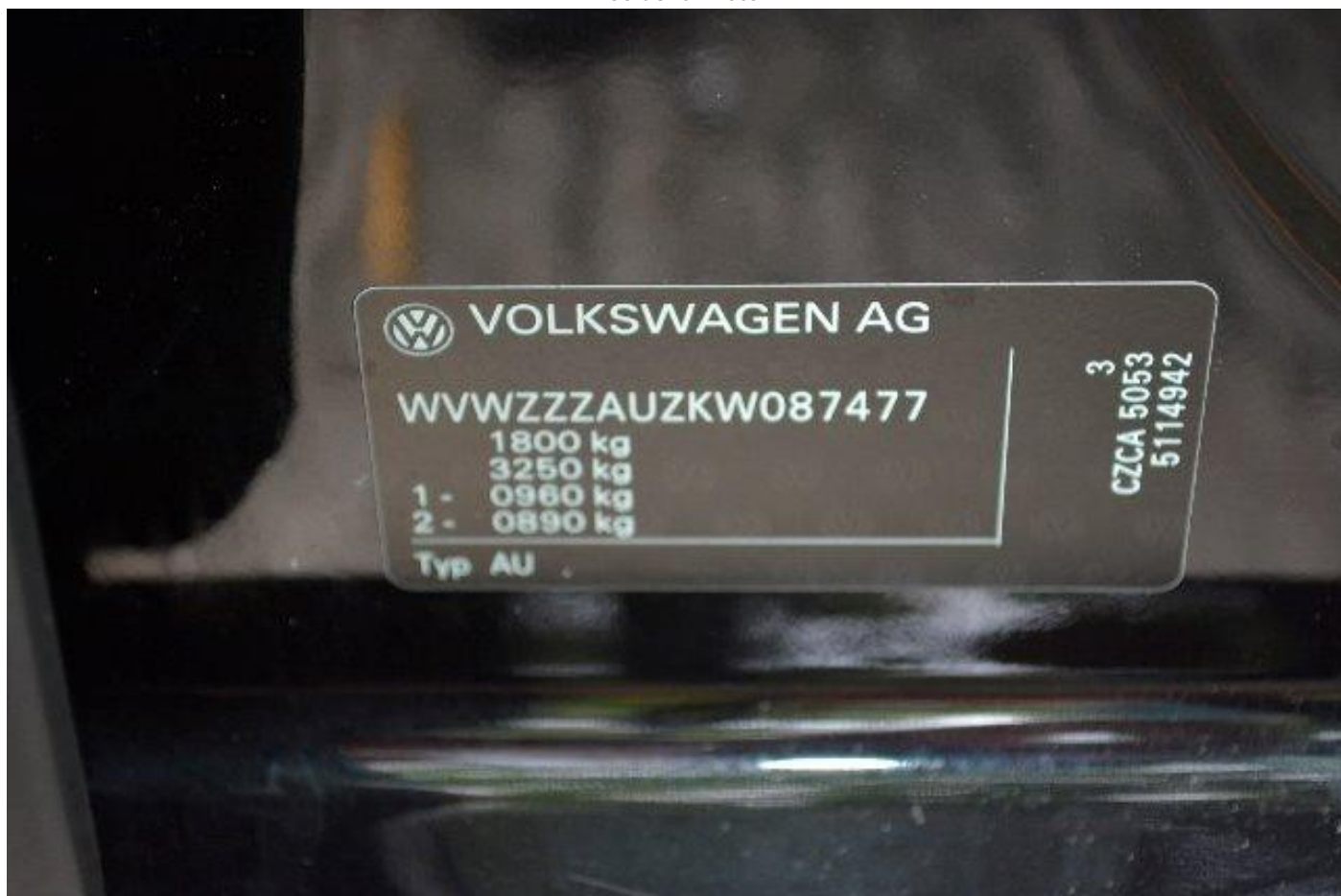
Accident Photo



Accident Photo



Accident Photo



Accident Photo

