## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

**EMail Address** 

- 1. Please report <u>correctly</u> 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	19/11/2020 14:23
Date Of Accident	18/11/2020 15:00
Exact Location Of Accident	SINARAN DRIVE TOWARDS MOULMEIN RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB2582U
Insured/Policyholder	
Name Of Registered Owner	WONG HOON KEIT
NRIC No	SXXXX916Z
Email Address	SADAOO@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97776364
Alternative Phone No	OTHERS-97776364
Vehicle Particulars	
Manufacturer	NISSAN
Model	PULSAR 1.2 DIG-T CVT
Exact Purpose for which vehicle was being used at time of accident	PTE USE
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP313491
Cover Note Number	18/09/20 - 17/09/21
Driver	
Name of Driver	WONG HOON KEIT
NRIC No	SXXXX916Z
Date Of Birth	29/11/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1982
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97776364
Fax Number	

OTHERS-97776364

SADAOO@YAHOO.COM

BLK 369 WOODLANDS AVE 1 #06-859 Address

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 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) 2

involved in the accident 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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : FATHER

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**

SJB2582B (the first car in the video) driving along Sinaran Drive towards Moulmein Road. Stopped at junction to observe clear of traffic before entering Moulmein Road. SGP6876H came from behind and stopped behind alongside with SJB2582U. Tried to enter Moulmein Road and hitting the rear right corner of SJB2582U.

## Attachment(s)

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

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SGP6876H

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR Name of Driver PATEL SHAILESH

NRIC/Passport Number GXXXX510X

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Sketch Plan**

SKETCH PLAN

1.VEHICLE NO.: SIR 2582 4 2.INSURER CO: HL ASSURGACE 3.ACCIDENT DATE & TIME: IS IN 20. 15:00

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- 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:
  - (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)

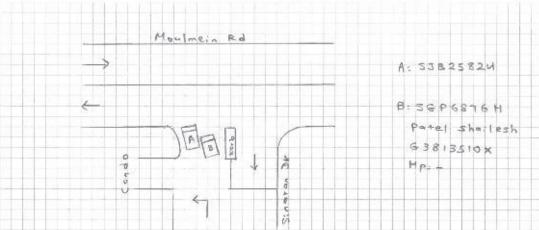
Date & Time:

( 12) org 19 | n | 20
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ins: HL Assurance	Veh No: STR25824	DOA: 18/11/20 15:00
Refer Attached.		
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		Constituting to the Constitution of the Consti
ote : Please note that your insurer	may have 14days Time Frame for you	to submit an Own Damage Claim

DECLARATION

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

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Policyholder's Signature	Driver's Signature		Reporting Centre Personne	
Date & Time:	(If driver is not the policyholder)		Name:	
	Date & Time:		NRIC/FIN No.:	
GMRMC SketchPlasFooti_9/2	( ) Claim Own Policy	(/) Claim Third Party	( ) Reporting Only	96
	( ) Claim OD/TP at other workshop (		)	

# Statement

Accident Location:

Sinaran Drive towards Moulmein Road



Date Time: 18Nov 2020 Wed. 1459-1501hrs

Vehicle Involved:

Caused by : Subaru Forester White SGP6876H. Driven By Mr Patel Shailesh FIN G3813510X

Victim: Nissan Pulsar Red SJB2582U. Driven By Mr Wong Hoon Keit S1601916Z

Description of accident:

SJB2582B(the first car in the video) driving along Sinaran Drive towards Moulmein Road. Stopped at junction to observe clear of traffic before entering Moulmein Road.

SGP6876H came from behind and stopped behind alongside with SJB2582U. Tried to enter Moulmein road and hitting the rear Right corner of SJB2582U.