

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 Submission 01/12/2020 10:23 (SGT)
Date of Accident 29/11/2020 16:00 (SGT)
Exact Location of Accident Gambas Ave, Singapore
Additional Location Information JUNCTION OF GAMBAS AVE & SEMBAWANG AVE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMN62T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM PEI WEN
NRIC No S9111462C
Email Address lpwutu@hotmail.com
Mobile Phone No (Phone) +65-93369223
Alternative Phone No +65-93369223

VEHICLE PARTICULARS

Manufacturer BMW
Model 116d
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company ERGO
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DMPG19012007
Cover Note Number -

DRIVER

Name of Driver TAN KIEW WONG
NRIC No S8976071B
Date Of Birth 05/05/1989
Occupation Indoor

Date Of Driving Pass 04/07/2013
Driving experience 7 YEARS AND 4 MONTHS
Gender Male
Mobile Number (Phone) +65-86876318
Alt. Phone Number -
Email Address vincent9w@gmail.com
Address BLK 694B WOODLANDS DR.62 #07-40 (S)732694
Address complement -
Postcode -
Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Spouse
Does Driver Own Other Vehicles? No
Vehicle Registration Number of Other Vehicle Owned by Driver -
Insurance Company of Other Vehicle Owned by Driver -

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 the accident? No
Number of vehicles involved in the accident 2
Was anybody injured in the Accident? No
Was any injured conveyed to hospital by ambulance? -
Was any other material or property damaged? Yes
Number of Passengers (Including Driver) 1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

DETAILS OF POLICE ACTION

Was the accident reported to the police? No
Was notice of intended Prosecution given? No
If yes, against whom? -

CIRCUMSTANCES OF ACCIDENT

I was moving straight and ahead traffic was green. Motor taxi SHC5565T made jammed brake unexpectedly that I could not react in time and collided onto its rear. No one was injured.

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 SHC5565T
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN1. VEHICLE NO.: SMN 62 T2. INSURER CO: ERGO

3. ACCIDENT

DATE & TIME: 29/11/20 @ 16:00IMPORTANT NOTICE

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

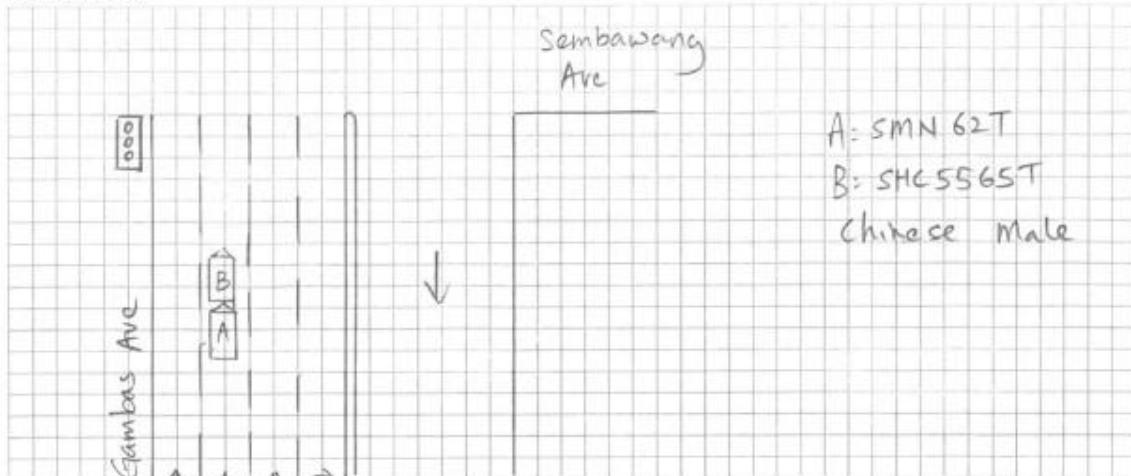
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving straight and ahead traffic was green. Motor taxi SHC5565T made jammed brake unexpectedly that I could not react in time and collided onto its rear. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(YS)

20/11/20

GIAHMC SketchPlanForm_V3

Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop _____



IMAGES #2



IMAGES #3



IMAGES #4



IMAGES #5









