Your NCD will be affected due to late reporting

GIA 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 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.

ACCIDENT STATEMENT

Date of Submission	18/12/2020 09:43 (SGT)
Date of Accident	16/12/2020 18:34 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE (IN THE DIRECTION OF SLE)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW2745H

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WOON LI YING ANGELIQUE
NRIC No	S7224725F
Email Address	jadem72@gmail.com
Mobile Phone No	(Phone) +65-97632425
Alternative Phone No	+65-97632425

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Lonpac
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	Z20VP05025865
Cover Note Number	-

DRIVER

Name of Driver	WOON LI YING ANGELIQUE
NRIC No	S7224725F
Date Of Birth	15/07/1972
Occupation	Indoor

Date Of Driving Pass	25/11/1995
Driving experience	25 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97632425
Alt. Phone Number	+65-97632425
Email Address	jadem72@gmail.com
Address	BLK 540 SERANGOON NORTH AVE 4 #10-95
Address complement	-
Postcode	550540
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TYLER GOH
Gender	Male

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

Car in front suddenly braked and swerved. I immediately braked but as it was raining, the roads were wet and then I knocked into the car in front (SJY5575A).
I kept my distance while driving and had slowed down when the car in front stepped on his brake. But then his sudden brake and swerve caught me off guard. The driver of SJY5575A was trying to avoid hitting a motorcyclist that was in front of him. According to the driver, the motorcyclist had suddenly slowed down to avoid the ERP gantry. But road was wet so the motorcyclist skidded.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY5575A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	EE CHIN BOON
NRIC No	S7975621J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 17|12|2020	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

GIARMC SketchPlanForm_V3

1

Date of accident: *16 December 2020* Time: *6·34pm* Location: *CTE (in the direction of SLE)*

Veh A: *SLW 2745H* Veh B: *SJY5575A* No of pax: *2* Weather: Clear/dry <u>Rain/Wet</u>

SKETCH PLAN
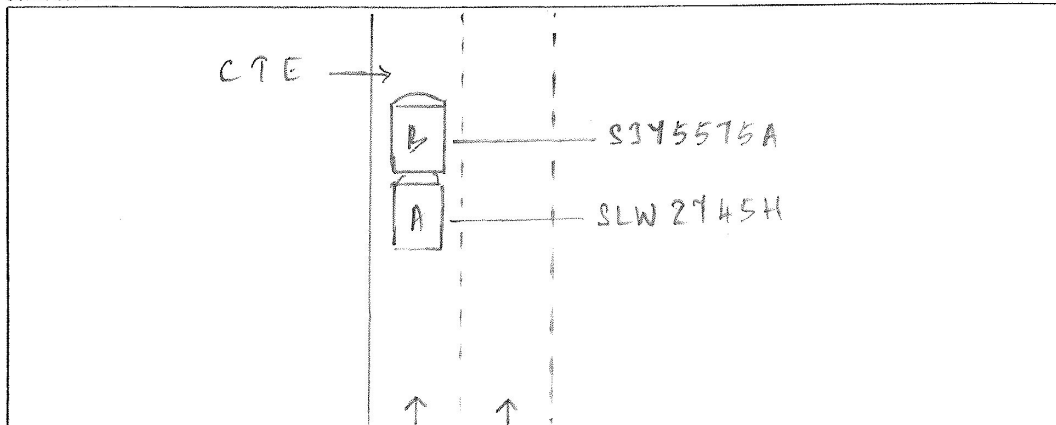
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

car in front suddenly braked and swerved. ~~and~~ I immediately braked but as it was raining, the roads were wet and then I knocked into the car in front (Licence Plate No. SJY5575A · Ee Chin Boon NRIC S7975621J)

I kept my distance while driving and had slowed down when the car infront stepped on his brake. But then his sudden break and swerve caught me off guard. The driver of SJY5575A was trying to avoid hitting a motorcyclist that was in front of him. According to the driver, the motorcyclist ~~to~~ had suddenly slowed down to avoid the ERP gantry. But road was wet so the motorcyclist skidded.

passenger - Tyler Goh   Contact No. 9763-2425

☑ Claim OD/TP at Falcon-Air   ☐ Claim OD/TP at other workshop   ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
Email address :
& myself   :
Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
Date & Time: 17|12|2020

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

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

Accident report **SF0F20CH0002**