

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	28/12/2020 23:51 (SGT)
Date of Accident	27/12/2020 15:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BUKIT MERAH CENTER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2524H
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	OPTIMA WERKZ PTE LTD
Company Reg No	2XXXXX455W
Email Address	lily.loi@ow.sg
Mobile Phone No	(Phone) +65-64811522
Alternative Phone No	(Office) +65-64811522

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Aqua
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?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	Allianz
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	COI-SPBR000044-SLH2524H
Cover Note Number	-

DRIVER

Name of Driver	CHEONG ZHI WEI
Passport No/FIN	GXXXX634Q
Date Of Birth	09/02/1986
Occupation	Indoor

Date Of Driving Pass	18/10/2018
Driving experience	2 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93545004
Alt. Phone Number	-
Email Address	czw9399@hotmail.com
Address	C/O NO.10 ANG MO KIO INDUSTRIAL PARK 2A #01-05
Address complement	-
Postcode	568047
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	raj
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

REFER TO STATEMENT

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	SDA1318A
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KWANG WEN
NRIC No	SXXXX759Z

Contact Number	(Phone) +65-92378713
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

1. VEHICLE NO.: 5CH 2524H
 2. INSURER CO.: Allianz
 3. ACCIDENT
 DATE & TIME: 28/12/2020 @ 3PM

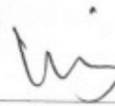
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8. Consent under the Personal Data Protection Act (PDPA)

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.

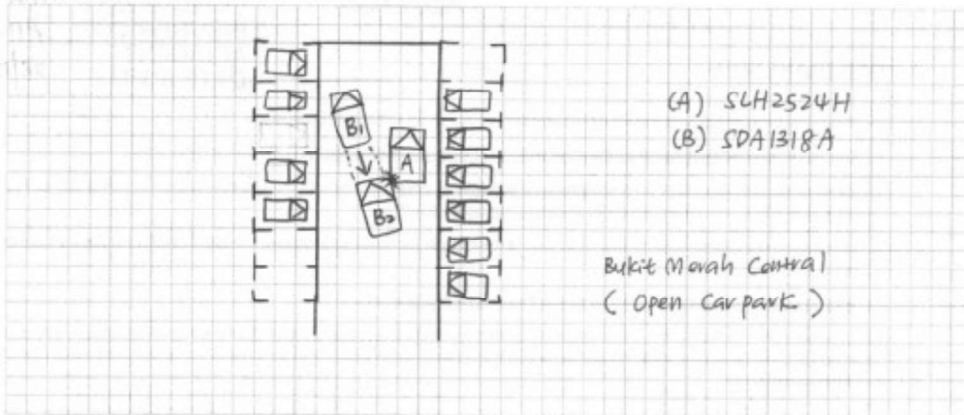

 Policyholder's Signature
 Date & Time: 28/12/2020


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 28/12/2020


 Reporting Centre Personnel's Signature
 Name: Danny (AWK)
 NRIC/FIN No.: 28/12/20

GIA/RCM SketchPlanForm_V3

SKETCH PLAN



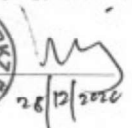
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 27/12/2020 at about 1500hrs, I was travelling along carpark Bukit Merah Central and parked at in front of lot 26. A few second later, I realised an uncle that driving of vehicle (B) SPA1318A was making a reverse toward to me. Unfortunately, vehicle (B) SPA1318A fail to do so and his right front portion was graze ~~into~~ my vehicle (A) SLH2524H left rear bumper and pull my bumper come out. I alighted and realised my bumper was deformed and rear left portion was damaged.


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: 28/12/2020

Driver's Signature:  (If driver is not the policyholder) Date & Time: 28/12/2020

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

GDARMC SketchPlanForm_v3 () Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop () Optima Waze