SK0L20C100047 KAN FOOK SING MOTOR WORKSHOP [539147] ENTRY DATE & TIME: 18/12/2020 12:32 (SGT) SUBMITTED BY: Chau Chi Chen VERSION: 1 (18/12/2020 12:32 (SGT))



# 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 ladgement 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 Date of Accident **Exact Location of Accident** dditional Location Information Country/State of Loss

18/12/2020 12:32 (SGT) 17/12/2020 17:30 (SGT) Yishun, Singapore YISHUN CENTRAL Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

GBK6440S

INSURFO/POLICYHOLDER

Is company? Name Of Registered Owner Company Reg No Email Address Mobile Phone No Alternative Phone No

Yes MIND STRETCHER PUBLICATIONS PTE LTD 2XXXXX023M JEFFREY@MINDSTRETCHER.COM (Phone) +65-62527440 (Office) +65-62527440

VEHICLE PARTICULARS

1anufacturer Jodel

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?

. Vehicle Category

Toyota Hiace

No - Claiming third party Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

DRIVER ...

Name of Driver NRIC No Date Of Birth Occupation

NTUC Comprehensive 5119282375

LIM SENG HOCK

SXXXX033Z 14/01/1959 Indoor



Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver

JEFFREY@MINDSTRETCHER.COM APT BLK 706 HOUGANG AVENUE 2 #08-171 S 530706 No Employee No

27/11/1981

Male

39 YEARS AND 1 MONTH

(Phone) +65-97632252

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other material or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

PASSENGER 1

Name Gender

DETAILS OF POLICE ACTION

Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO THE ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

Collision - Head to Rear

Clear Dry

No 2 No Yes

2

No

No

No

LUCIA Female

No No

Yes

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver Contact Number

SHD3358H

Taxi

Address		_								
Address complement										
Postcode										
nsurance Company Name		-								
Nature Of Damage		_								
Details of property damaged in accident										
No. Of Passenger (Including Driver)		-								

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Rease report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Forminust be completed by the Policyholder and/or the Authorised Driver.
- 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. 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.
- 7. By the lodgement of this report to the insurers, you hereby conzent 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)

Funderstand, 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 (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the insurers law yers/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 depling with my claims including the settlement of the claims and any necessary investigations relating to the claims.
- (a) investigating the accident and/or my claims.
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me
- (w) administering my claims (including the making 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 thandling 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 law yers/law turns 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 mayican be disclosed by any of the Insurers and/or GIA to their third party service providers or agents uncluding their law yers/law firms), which may be seed outside of Singapore, for one or more of the above Porposes.

Policyholder's Signature / Oste &

Triver's Signature (if driver is not the policyholder) / Dote 3 Tims Witnessed by Reporting Centre Personnel

Sketch Plan

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