

# SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 13-01-2021 6.50am	
Accident Location: CROSS JUNCTION COMMONWEALTH AVE WEST to CLEMENTI Rd	
Vehicle Number: SLG 88192	Make/Model: Subaru Levorg
Policy Holder Name: Ong Yong Kwong	
NRIC/ROC: S 74148729	Mobile: 9668 1736
Email: @veronicaeoys@gmail.com	
Insurance Company: AIG Insurance -	
Policy Number: 2100486215-04	Policy Period: 18 OCT 2020 to 17 OCT 2021
Policy Coverage: Comprehensive (✓)	Third Party ( ) Third Party Fire & Theft ( )
State Action Taken: Claim Own Policy ( ) Claim Third Party (✓) Reporting Only ( )	
Driver Name: Teo Yuen San	Email: @
NRIC: S 74143892	Mobile: 9668 1736
Date Of Birth: 29 / Apr 1974	Driving Pass Date: 23 / Sept 1994
Gender: Male ( ) Female (✓)	Occupation: Indoor (✓) Outdoor ( )
Address: Blk 830A Jurong West St 81 #07-26-6 S 641830	
Is driver an employee of the insured's company: Yes ( ) No (✓)	
If No, Relationship of the driver with the insured:	
Owner ( ) Spouse (✓) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )	
Weather Conditions: Clear (✓) Raining ( ) Others ( )	
Road Surface: Dry ( ) Wet (✓) Others ( )	
Was any foreign vehicle involved in this accident? Yes ( ) No (✓)	
Was anybody injured in the Accident? Yes ( ) No (✓)	
Was any injured conveyed to hospital by ambulance? Yes ( ) No (✓)	
Was there any video captured by Car Camera? Yes (✓) No ( )	
Number of Passenger (Including Driver): NA	
1)	2)
3)	4)
Was the accident reported to the police? Yes ( ) No (✓) "attach Police Report, if any"	
3rd Party Name: Fook Choon Hock S 7578666B	
Vehicle Number: SLE 5276U	Make & Model: Hyundai Sonata
NRIC:	Mobile No:
Witness Details (if any):	
NAME:	NRIC:
Mobile No:	
(other remark (if any))	

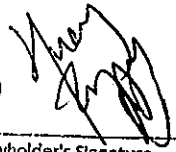
## SKETCH PLAN


### 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. 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 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:

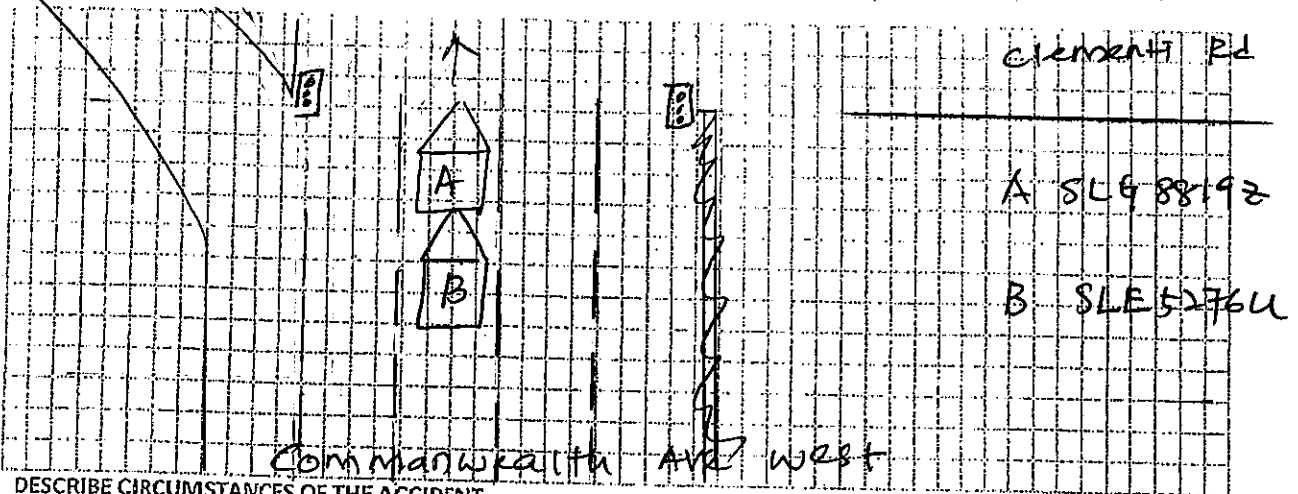
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the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

②   
Policyholder's Signature  
Date & Time: 14/1/2021  
8am

②   
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 14/1/2021  
8am

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

# 4 3 2 1 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 13/1/2021 6:50am I was driving my car along Commonwealth Ave West

while driving towards cross junction. the traffic light start turning amber. so I make a stop.

unfortunately, the car behind did not brake on time. and hit onto my back of the car.

two ambulance & police conveyed to the scene.

**Important:**  
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP SLE5276U
✓	- Claim OD/TP at other workshop

## DECLARATION

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

Vtech Auto Service

Policyholder's signature  
Date & Time 14/1/2021  
8am

Driver's Signature  
(if driver not the policyholder)  
Date & Time 14/1/2021  
8am

Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



This Data Protection Notice ("Notice") sets out the basis which ETHOZ GROUP LTD ("we") may collect, use, disclose or otherwise process personal data of our customers in accordance with the Personal Data Protection Act ("PDPA"). This Notice applies to personal data in our possession or under our control, including personal data in the possession of organisations which we have engaged to collect, use, disclose or process personal data for our purposes.

#### PERSONAL DATA CONSENT

The client, policy holder, and / or other individuals involved in a motor accident, acknowledges and consents to the collection, use and disclosure of all personal data as required by ETHOZ Group Ltd and / or the ETHOZ Group Ltd's representatives, employees, any affiliate company, and / or other third parties contracted by ETHOZ Group Ltd or its affiliates, including the ETHOZ Group Ltd's agents /contractors, authorized by ETHOZ Group Ltd to process personal data for the purpose(s) of:-

- (a) performing obligations in the course of connection with our provision of the goods and / or services requested by you;
- (b) execution and documentation on motor insurance claims and other services;
- (c) verification of identity;
- (d) processing payment and credit transactions;
- (e) fraud management, crime prevention and / or investigation; complying with any applicable laws, regulations, codes of practice, guidelines, or rules, or to assist in law enforcement and investigations conducted by any governmental and / or regulatory authority;
- (f) sending marketing information about our goods or services including notification of our marketing events, initiatives and promotions, membership and rewards schemes and other promotions;
- (g) notification and / or update on business entities and relevant information; and
- (h) any other incidental business purposes related to or in connection with the above.

#### RETENTION OF PERSONAL DATA

We may retain your personal data for as long as it is necessary to fulfil the purpose for which it was collected, or as required or permitted by applicable laws.

We will cease to retain your personal data, or remove the means by which the data can be associated with you, as soon as it is reasonable to assume that such retention no longer serves the purpose for which the personal data was collected, and is no longer necessary for legal or business purposes.

You may address all communications pertaining to this clause to:

The Data Protection Officer  
ETHOZ Group Ltd  
30, Bukit Batok Crescent, Singapore 658075  
Email: DataProtectionOfficer@ethozgroup.com

By signing this document, you have read, understood and accepted all the terms above.

Name : Yong Yong Kwong  
NRIC/Passport No. : S74146729

(Signature)  
Signature/Date: \_\_\_\_\_