G·I·A SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
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. **<u>Any false reporting may be referred to the Police for investigation.</u>**
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	08/03/2021 14:01 (SGT)
Date of Accident	06/03/2021 20:00 (SGT)
Exact Location of Accident	Merchant Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8033T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEAH KOK KEAN
NRIC No	SXXXX185C
Email Address	NORMANSEAH.SG@GMAIL.COM
Mobile Phone No	(Phone) +65-97769700
Alternative Phone No	(Home) +65-97769700

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5106312579-02
Cover Note Number	-

DRIVER

Name of Driver	SEAH KOK KEAN
NRIC No	SXXXX185C
Date Of Birth	05/07/1957
Occupation	Outdoor

Date Of Driving Pass	31/03/1977
Driving experience	44 YEARS
Gender	Male
Mobile Number	(Phone) +65-97769700
Alt. Phone Number	(Home) +65-97769700
Email Address	NORMANSEAH.SG@GMAIL.COM
Address	BLK225C COMPASSVALE WALK #09-353
Address complement	-
Postcode	543225
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
Gender	Female

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

TRAFFIC LIGHT WAS RED, VEHICLE INFRONT STOPPED. I STOPPED TOO. AFTER A WHILE VEHICLE B HIT REAR PORTION OF MY VEHICLE.

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	SLS6640X
Vehicle Manufacturer	Nissan
Vehicle Model	-

Vehicle Variant		-
Vehicle Colour		-
Vehicle Category		Private car
Name of Driver		-
NRIC No		SXXXX488B
Contact Number		-
Address		-
Address complement		-
Postcode		-
Insurance Company Name		-
Nature Of Damage		-
Details of property damaged in accident		-
No. Of Passenger (Including Driver)		2

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.

Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan   08/03/21

13:50 pm

DOA: 06/03/21

Time: 8pm

A: SLH 8033T.

B: SLS 6640X

MERCHANT ROAD.

A

B.

Describe Circumstances of the Accident

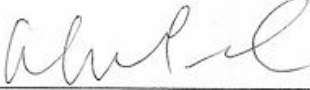TRAFFIC LIGHT WAS RED.

VEHICLE INFRONT STOPPED.

I STOPPED TOO,

AFTER A WHILE VEHICLE B HIT REAR PORTION OF MY

VEHICLE.

Declaration

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

Policyholder's Signature / Date & Time   08/03/21   13:50 pm.

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

Witnessed by Reporting Centre Personnel

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Policyholder's Signature / Date & Time
08/03/21
13:50 pm.

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

Witnessed by Reporting Centre Personnel

TOYOTA MOTOR CORPORATION
MODEL ACV40R-JEAGKT
ENGINE 2AZ-FE   2362 mL
FRAME No. MR053BK40070019178
COLOR   TRIM   PLANT   GVM(kg)
1F8   LA40   Z35   -
TM/A/BUILT U250E -02A OCT 07
MFD.BY: TOYOTA MOTOR THAILAND CO.,LTD. MADE IN THAILAND