

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	08/03/2021 12:30 (SGT)
Date of Accident	08/03/2021 08:50 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	ALONG ECP TWDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS285B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO TENG LIP
NRIC No	SXXXX557A
Email Address	pkhoo1964@gmail.com
Mobile Phone No	(Phone) +65-96733914
Alternative Phone No	+65-96733914

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Vellfire
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 car

INSURANCE COMPANY

Name of Insurance Company	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10209699R01
Cover Note Number	27/07/2020-26/07/2021

DRIVER

Name of Driver	KHOO TENG LIP
NRIC No	SXXXX557A
Date Of Birth	19/02/1964
Occupation	Indoor

Date Of Driving Pass	29/07/1983
Driving experience	37 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96733914
Alt. Phone Number	+65-96733914
Email Address	pkhoo1964@gmail.com
Address	8 FLORA RD
Address complement	07-03
Postcode	509728
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	LIM PECK LENG
Gender	Female

PASSENGER 2

Name	KIRSTEN KHOO JUN YI
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

REFER TO SKETCH PLAN

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	SHA1303U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG KWAR LEIN
Contact Number	(Phone) +65-97926311
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLK8716R
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
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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2. 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 the accident (all insurer(s) who have insured vehicle(s) involved in the 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.

 20/3/2021
12:15

Policyholder's Signature
Date & Time:

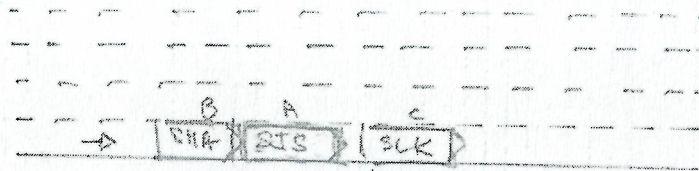
Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name:
NRIC/INRIC:

SKETCH PLAN

A: 635285B
B: 51A-303U
C: SLK 8716R

ECP.



51A-303U collides with 635285B
51A-303U is moved forward (A) forward into SLK

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 8/mon @ approximately 8:50am, I was on the ECP heading toward the City. I was on LANE 1, driving @ about 80km/h (traffic was heavy but first moving). The vehicle (Honda SLK 8716R) in front of me braked and I followed, slowing down almost to a dead stop about 2m from it. Very soon afterward (1 or 2 seconds), the Taxi 51A-1303U collided into the back of my car. We then exchanged particulars, took pictures and agreed to settle it with our respective insurance company accident reporting process. We left the scene @ approximately 9:00am.

*only car then moved forward & collided with the Honda

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
<input checked="" type="checkbox"/> Claim OD / TP at other workshop

DECLARATION

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

[Signature] 8/3/2021

Policyholder's Signature 12:15
Date & Time:

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

[Signature]
Reporting Person's Signature
Name:
SRIC/IN No.: