

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 5. Intribution provided must be as truthful and accurate as possible. Any white misteries entailed of withouting of material facts may allow insurance companies to reputing 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 17/03/2021 17:16 (SGT) Date of Accident 17/03/2021 15:26 (SGT) Exact Location of Accident Singapore Additional Location Information BLK 702 ANG MO KIO AVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJN3567U

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ANG HWEE HONG (HONG HUIHUANG) NRIC No SXXXX354Z Email Address GABRIELHONG@HOTAMIL.COM Mobile Phone No (Phone) +65-96915359 Alternative Phone No +65-96915359

VEHICLE PARTICULARS

Manufacturer Toyota Model Vios Variant Exact purpose for which vehicle was being used at time of

Private use accident

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Private car

No - Claiming third party

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy

Policy Number 5118446133

Cover Note Number

DRIVER

Name of Driver ANG HWEE HONG (HONG HUIHUANG) NRIC No SXXXX354Z Date Of Birth 14/05/1973 Occupation Outdoor

14/05/1997 23 YEARS AND 10 MONTHS Male (Phone) +65-96915359 +65-96915359 GABRIELHONG@HOTAMIL.COM APT BLK 677C PUNGGOL DRIVE #09-762 823677 Yes - No
Collision - Head to Rear Clear Dry
No 2 No - Yes 1
No No -
Yes Yes No
R VEHICLE PROPERTY 1
SLE3493Y Private car KOK KIM CHOON

Address

Address complement
Postcode
Insurance Company Name

Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver) -

SKETCH PLAN

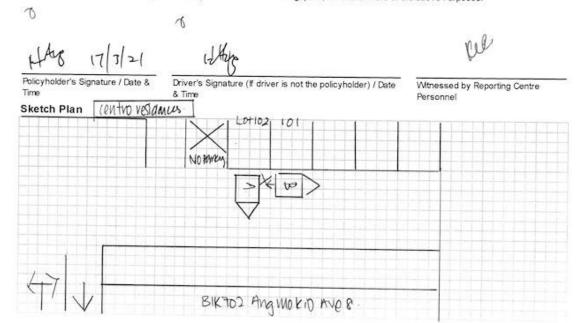
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8. Consent under the Personal Data Protection Act (PDPA)

l 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 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 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Describe Circumstances of the Accident
Venicle 1: SJN 3567 U venicle B: CLE 2493Y.
1 30 De 1 .
DOA: 17.03.2021 @ 1526MS.
SOT , TIGOTO I C ISSUES
MO
while I was doing veversing into carpark, Lotioz along
ovville I was allow receiving into larger excol 102 allong
BIK 702 Ang MO KiO Ave open carpark, suddenly vericle B verenced
OIR 102 Mrg 1110 FIVE OPEN CANTED R. STRAGENTY VENICLE B VENERAL
Mey cay and let ago a second did as the
her lar and hit and my rear lost side pornon
- 'Il ale's 20 215 1 de 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
I will claim report under Accord Auto Services Pte Ltd

Declaration

We declare the foregoing particulars are true in every respect.

Why 17/3/21

Policyholder's Signature / Date &

Mg 17/3/2

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

W.

Witnessed by Reporting Centre Personnel