

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 24/03/2021 16:31 (SGT)
Date of Accident 24/03/2021 10:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG WEST COAST HIGHWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV6756E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner KONG SIEW CHEONG
NRIC No S1619181G
Email Address PKONGSC@GMAIL.COM
Mobile Phone No (Phone) +65-97388839
Alternative Phone No +65-97388839

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00870114
Cover Note Number -

DRIVER

Name of Driver KONG SIEW CHEONG
NRIC No S1619181G

Date Of Birth	18/06/1963
Occupation	Indoor
Date Of Driving Pass	11/03/1985
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-97388839
Alt. Phone Number	+65-97388839
Email Address	PKONGSC@GMAIL.COM
Address	BLK 103 BUKIT PURMEI ROAD #10-40
Address complement	-
Postcode	090103
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TAN WAI HAN
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	GY9751S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	TAN WENG CHEONG
NRIC No	S6841877A
Contact Number	(Phone) +65-91502663
Address	-
Address complement	-
Postcode	-
Insurance Company Name	EQ Insurance Company Ltd
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

VEHICLE NO: SV 675LE
 ACCIDENT DATE: 24/03/2021 @ 10:26

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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.
- (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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

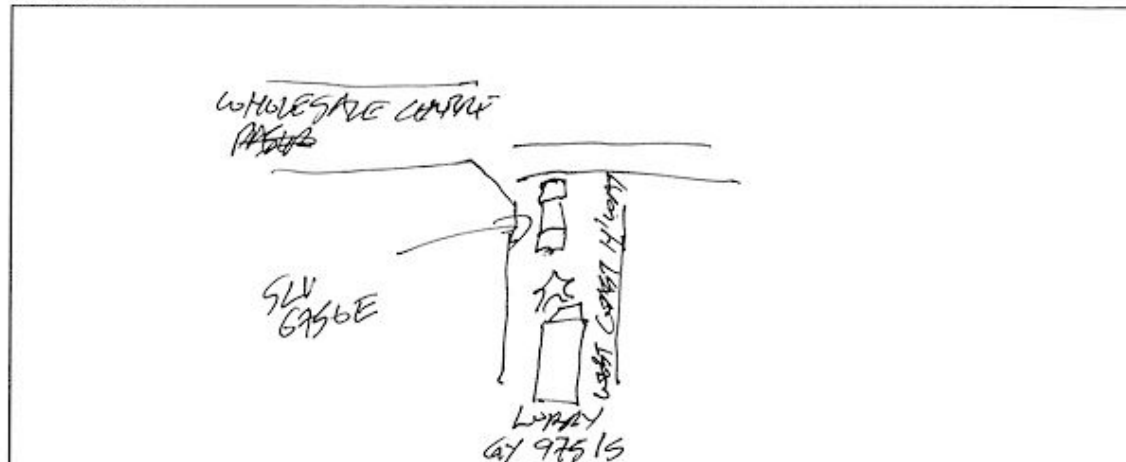
Policyholder's Signature
 Date & Time:

24 MAR 2021
12:00 PM

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

CHARN'S CUSTOMCRAFT
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON WED THE 24TH DAY OF MAR 2021 AT 10.26AM, I STOPPED AT THE REDLIGHT JUNCTION BETWEEN WEST COAST HIGHWAY & WHOLESALE CENTRE TOWARDS WEST COAST AS THE TRAFFIC LIGHT WAS RED (TRAFFIC LIGHT NO. 1 @ LTA BOX QUOTE SIGNAL NO. 304) & A LORRY BEARING REGISTRATION PLATE NO - GY 9751S COLLIDED ON TO THE REAR OF MY CAR SLV 6756E.

I AUTHORISE CHARN'S CUSTOMCRAFT TO RELEASE MY ACCIDENT REPORT TO MY PREFER WORKSHOP XINYA AUTO.

OWN DAMAGE () 3RD PARTY CLAIM (✓) REPORTING ONLY () OWN WORKSHOP (✓)

DECLARATION

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

Policyholder's Signature
Date & Time:

24 MAR 2021
1200HRS.

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

24 MAR 2021
1200HRS.

CHARN'S CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: