

SINGAPORE ACCIDENT STATEMENT

Accident Details

Date of Accident: 20/08/2021

Time of Accident: 6:15 (AM / ☒ PM)

Location of Accident: Paya Lebar Road, after Uni. Ave 3.

Country/State of Loss: SG.

Type of Accident: Head to Rear

Weather Condition: ☒ Clear / Raining / Not in List

If Not in List, please specify _____

Road Surface: ☒ Dry / Wet / Not in List

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / ☒ No

If No, please state action to be taken Third ☒ Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / ☒ No

If yes, please state Vehicle No: _____

Type of Vehicle: _____

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / ☒ No

Was the accident reported to the police? Yes / ☒ No

If yes, police station name: _____

Was notice of Prosecution given? Yes / ☒ No

If yes, against whom? _____

Details of Own Vehicle

Vehicle Registration No: SMS 7015R.

Vehicle Category: commercial

Vehicle Manufacturer: Renault Vehicle Model: Scenic

Transmission: Manual / Auto Cc: _____

No. of passengers (including driver) 02.

Passenger Name: Low Shuh Jinn S8527254C.

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Passenger Name: _____

Gender: Male / Female

Own Vehicle Policy

Handling Insurer: NTMC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: Vision Networks Pte Ltd

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: 201208741E

Email: _____

Mobile No: _____

Alt. No Type: Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / No ☒

Name of Driver: Lee Tze Wei

Gender: ☒ Male / Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: S7913321C

Date of Birth: 10/05/1979

Driving Pass Date: 09/02/2012

Mobile No: 9233 2225

Email: mande_low@yahoo.com.sg

Address 1: 507 Hougang Ave B,

Address 2: #03-660

Postal Code: 530507

Occupation: Indoor / Outdoor

Driver Owner Relationship owner

Does Driver own other vehicles? Yes / No ☒

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / No ☒

If yes, please provide:

- (i) Vehicle Registration No: 6KP 6560X
- (ii) Vehicle Category: _____
- (iii) No. of passengers (including driver) 01 male

Passenger Name: _____

Gender: Male / Female

Passenger Name _____

Gender: Male / Female

Passenger Name _____

Gender: Male / Female

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide:

(i) Name: _____

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide:

Witness Name: _____

Witness Contact: _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

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 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.

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.

VISION
NETWORKS

[Handwritten Signature]

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

Vehicle A: SMS7015R

Vehicle B: STP6560X

(Busstop)



Paya Lebar Road

→ Ubi Ave 3.

Describe Circumstances of the Accident

On the stated date & time, I, vehicle X,
EMS7015R, was travelling along the stated venue.
It was red light and my vehicle was stationary.
Once the light turned green, and before I
could move off, vehicle B, SKP 6530X, collided
onto my vehicle's rear portion.

Declaration

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

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Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel