

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	10/11/2021 16:00 (SGT)
Date of Accident	10/11/2021 14:17 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP RD OF BEDOK RESERVIOR RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB1057B
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LILIAN GUI LEOW PHENG
NRIC No	S0010430B
Email Address	LILIANLEK123@GMAIL.COM
Mobile Phone No	(Phone) +65-91456758
Alternative Phone No	(Office) +65-91456758

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1200

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2021-V0107825VDP
Cover Note Number	-

DRIVER

Name of Driver	LILIAN GUI LEOW PHENG
NRIC No	S0010430B

Date Of Birth	02/11/1954
Occupation	Indoor
Date Of Driving Pass	19/10/1979
Driving experience	42 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-91456758
Alt. Phone Number	(Office) +65-91456758
Email Address	LILIANLEK123@GMAIL.COM
Address	71 JLN TUA KONG #05-01 S457265
Address complement	-
Postcode	-
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	Raining
Road Surface	Wet

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 vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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 ATTACHED REPORT

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	GBH6779G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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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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 be 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 insurers who have insured vehicle(s) involved in the accident (all insurers) who have insured vehicle(s) involved in the accident (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 all 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 my 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 envelope and 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 the accident and the Insurers' lawyers/law firms, may be 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 located 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 Officer / Personnel

Sketch Plan

B D A D

A: SJBI057B.

B: GBH 6779 G.

Describe Circumstances of the Accident

I stop ^{rd.} to at the zebra crossing at the
 slip ^{to} allow pedestrian to cross. Suddenly I
 felt an impact from behind & realised vehicle
 B had hit into my rear.

Declaration

I declare the foregoing particulars are true in every respect

[Signature]

Policyholder's Signature / Date &
 S. Time

[Signature]

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

10/11/21 3:50 pm



Witnessed by Reporting Centre
 Personnel

