# **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 witholding 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.

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   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 23/02/2022 11:05 (SGT) Date of Accident 22/02/2022 16:16 (SGT) Exact Location of Accident 209 Hougang Street 21, Singapore 530209 Additional Location Information KOVAN MARKET OSCP Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGV33327

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHLOE AW MEIZHEN** NRIC No. SXXXX626F Email Address chloe aw@hotmail.com Mobile Phone No (Phone) +65-98434488 Alternative Phone No +65-98434488

# VEHICLE PARTICULARS

Manufacturer Honda Model Crossroad Variant CROSSROAD 1.8L A 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 1799

# **INSURANCE COMPANY**

Name of Insurance Company Great Eastern General Insurance Limited Type of Coverage Comprehensive Fleet Policy Nο Policy Number V0116316 Cover Note Number 17/04/2021 - 16/04/2022

# DRIVER

Name of Driver **CHLOE AW MEIZHEN** NRIC No. SXXXX626F

Date Of Birth 02/05/1982 Occupation Indoor Date Of Driving Pass 08/06/2002 Driving experience 19 YEARS AND 8 MONTHS Gender Female Mobile Number (Phone) +65-98434488 Alt. Phone Number +65-98434488 Email Address chloe aw@hotmail.com Address 123 SERANGOON NORTH AVE 1 Address complement #06-155 Postcode 550123 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 Collided into Property Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLS REFER TO THE SKETCH PLAN BY DRIVER 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 SHC5639P

 Vehicle Registration Number
 SHC5639P

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Taxi

 Name of Driver
 AUGUSTINE NG YAM CHUAN

 NRIC No
 SXXXX206I

 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

## 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.
- 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.
- 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.
- 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.
- By the lodgment 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:
  - 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:
  - 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.

Policyholde s signature Date & Time: Driver's Signature

(If driver is not the policyholder) Date & Time: Congripany

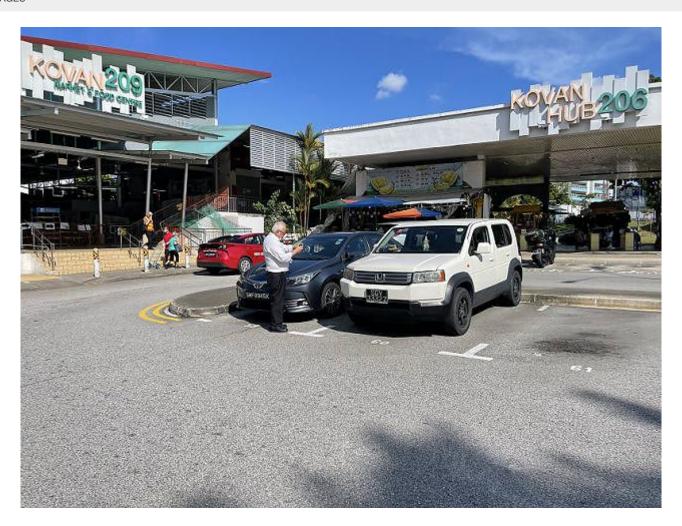
Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

COMPLETED 17 FEB 2022

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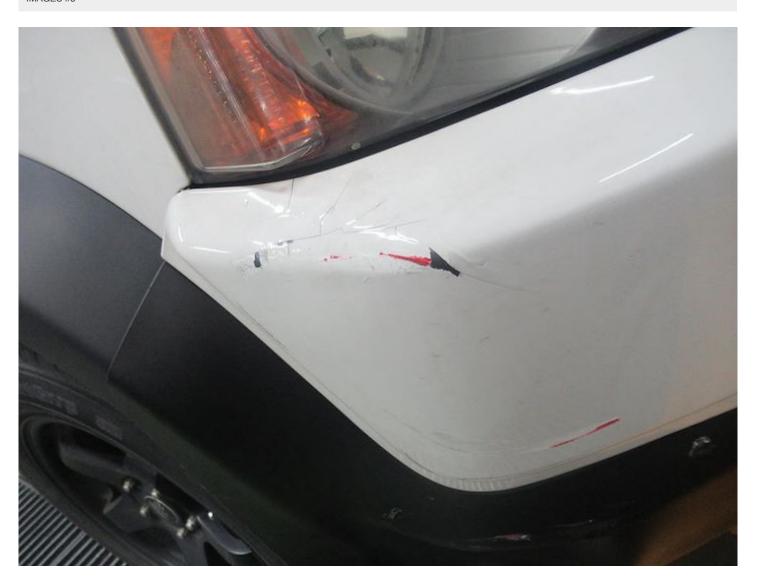




















For Customer Service please visit 1 Pickering Street #01-01 Great Eastern Centre Tel: +65 6248 2888 Fax: +65 6327 3080

# Certificate of Insurance



# ORIGINAL

Policy No. : 2021-V0:16316-VDP Policy Type : Drive And Save Plus

Risk# : 0601 Cover : Comprehensive

DESCRIPTION OF VEHICLES:

Vehicle Registration: 56V3332Z Vehicle Make & Medel: BONDA CROSSBOAD +.8L A

Name of Insured : AW MEIZHEN

Period of Insurance: 17-04-2021 (0000HRS ) to 16-04-2022

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE .

ERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE '
(a) The Policyholder.
The Policyholder may also drive a motor car not belonging to or hired funder a hire purchase agreement or otherwise) to him/her or his/her employer or his/her partner.
(b) Any other person who is driving on the Policyholder's order or with his/her permission.
(c) In the event of the death of the Policyholder; i) any member of the Policyholder's family, or a paid driver who has been driving the car during the lifetime of the Policyholder & permission to drive had not been withdrawn prior to the death of the Policyholder; (ii) any other person who has been given permission to drive the vehicle prior to the death & such permission had not be withdrawn by the Policyholder.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Poad Traffic Act has not been cancelled at the time of the accident loss or damage.

Use for social domestic and pleasure purposes and for the Policyholder's business. The policy does not cover use for hire or reward, Facing, pace-making, reliability trial, speed-testing or the carriage of goods (other than samples) in connection with any other trade or business or use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987(of Malaysia) are not to be included under these headings.

Signed for and on behalf of the Company

Authorised Signature

direction.

26-03-2021

Great Eastern General Insurance Limited (Reg. No. 1920 00003W) (A wholly-owned subsidiary of Great Eastern Holdings Limited) 1 Picturing Street, #01-01 Great Eastern Centre, Singapore 048659 Tell +05 6248 2028 Fax +65 6327 3000 (greateasterngeneral.com

