ACCIDENT STATEMENT

ACCIDENT DATE: 30 / 03/ >> JDD/	MM/YYYY), TIME:(16: (-)(HH:MM)
LOCATION: PONGE CENTRAL	PASIR RIS IND BRIVE
7. DETAILS OF VEHICLE	
a) VEHICLE NUMBER: 5FG 717	4
b)INSURANCE COMPANY: / No.	
C)POUCY NUMBER: 018mpco	002905_03
D)POUCY TYPE: (COMPREHENSIVE / 1	HIRD PARTY / THIRD PARTY FIRE &THETT
e MAKE & MODEL: MISSAN FY	PH 1.5 AUTO MANUAL
TITYPE: (SALDON / COUPE / MPY /VA	N_/ LORRY / MOTORCYCLE / OTHERS)
9) VEHICLE CATEGORY: (RRIVATE) CO	DMMERCIAL / MOTORCYCLE) · ·
h)PURPOSE OF USING AT ACCIDENT 1	TME
1) ARE YOU CLAIMING UNDER YOUR C	OWN INSURANCE (YES NO)
IF NO, PLEASE STATE THIRD PARTY C 2. INSURED / POLICY HOLDER	LAIM DREPORTING ONLY)
A) NAME: CHOO CHOON HS	IUNG COLUMN
DINRIC/FIN/PASSPORT: 568769	1017
CIADDRESS: BLIC 661C EDGE	0416 PLAINS
. 109-640 (83 3	ALL FOR THE STATE OF THE STATE
* CONTINUE TO 3.6 IF DRIVER ALSO BE	OI ICY HOLDER
4 His of personage DRIVER	OHOT HODEK
(Including diag) ONAME: 75 ABOUT	(MALE / FEMALE)
DINRIC/FIN/PASSPORT:	CONTACT:
cJADDRESS:	
	Communication
*d)DATE OF BIRTH: (22 / 05 / 19	(8)(DD/MM/YYYY)
*d)DATE OF BIRTH: (2) / 05 / /90 e)OCCUPATION: (INDOOR) OUTDOO	OR)
*d)DATE OF BIRTH: (2) / 05 / 190 e)OCCUPATION: (INDOOR) O UTDOO f)YEARS OF DRIVING EXPRERIENCE:	DR) 13/12/2004
*d)DATE OF BIRTH: (23 / 05 / 79) e)OCCUPATION: MNDOOR OUTDOO f)YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE	DR) 13/12/2004 E INSURED'S COMPANY? (YES / 10)
*d)DATE OF BIRTH: () / 05 / /9. e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV	DR) 13/12/2004 E INSURED'S COMPANY? (YES / 10) VER WITH INSURED: OWNER
*d)DATE OF BIRTH: (2) / 05 / /9 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (CR) / WET / OTHE	OR) (3/12/2004 E INSURED'S COMPANY? (YES!) VER WITH INSURED: OWNER INING / OTHERS
*d)DATE OF BIRTH: (2) / 05 / /9 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DR) / WET / OTHE 6. WAS ANYBODY INJURED (YES / OD)	OR) (3/12/2004 E INSURED'S COMPANY? (YES!) VER WITH INSURED: OWNER INING / OTHERS
*d)DATE OF BIRTH: (2) / 05 / 1900 OF COUPATION: (INDOOR) OUTDOOR OUTDO	OR) 13/12/2004 E INSURED'S COMPANY? (YES!/ 10) VER WITH INSURED: OWNER INING / OTHERS PRS.
e)OCCUPATION: INDOOR OUTDOOR f)YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV JROAD SURFACE: ORY / WET / OTHE WAS ANYBODY INJURED (YES / OT) IF YES, PLEASE STATE WHICH POLICE	OR) 13/12/2004 E INSURED'S COMPANY? (YES!/ 10) VER WITH INSURED: OWNER INING / OTHERS PRS.
*d)DATE OF BIRTH: (2) / 05 / 79 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (CR) / WET / OTHE 6. WAS ANYBODY INJURED (YES / OC) 7. G)REPORTED TO POLICE (YES / OC) IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE	OR) 13/12/2004 E INSURED'S COMPANY? (YES / 100) VER WITH INSURED: OWNER INING / OTHERS STATION:
e)OCCUPATION: (1000R) OUTDOO f)YEARS OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. a)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DRY / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: (783783	DR) 13/12/2004 E INSURED'S COMPANY? (YES: / 100) VER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL:
*d)DATE OF BIRTH: (2) / 05 / 19 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (RY / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE NE of Passenger Of VEHICLE NUMBER: 483 783 INDUITING STRIVER) b) DRIVER'S NAME: / THNIN	OR) (3/12/2004 E INSURED'S COMPANY? (YES!) (YER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL:
*d)DATE OF BIRTH: (3) / 05 / 19 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE. 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DR) / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE NE of passenger of VEHICLE NUMBER: 9837830 INDUMBER: GB 7830 INDUMBER: GB 7830 O NRIC/FIN/PASSPORT: \$17777	DR) 13/12/2004 E INSURED'S COMPANY? (YES: / 100) VER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL:
*d)DATE OF BIRTH: (2) / 05 / 79 e)OCCUPATION: (INDOOR) OUTDOO f)YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (RY / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE 8. THIRD PARTY VEHICLE WILLIAM OF VEHICLE NUMBER: 483 783 INDURING STRIVER b) DRIVER'S NAME: / THINKIN A C) NRIC/FIN/PASSPORT: \$17977	STATION: STATION: MODEL: MODEL: CONTACT: 84687754
*d)DATE OF BIRTH: (3) / 05 / 19. e)OCCUPATION: (INDOOR) OUTDOOR f)YEARS OF DRIVING EXPRERIENCE 4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV. 5. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (DR) / WET / OTHE 6. WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE 8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: (783783) INDUCTION PASSPORT: (27737) 9. THIRD PARTY VEHICLE O) VEHICLE NUMBER:	OR) (3/12/2004 E INSURED'S COMPANY? (YES!) (YER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL:
e)OCCUPATION: (INDOOR) OUTDOOR f)YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV S. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (OR) / WET / OTHE WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE NE of passenger of Vehicle NUMBER: (783 783) DRIVER'S NAME: / THNIN (1) O NRIC/FIN/PASSPORT: \$1737	DR) 13/12/2004 E INSURED'S COMPANY? (YES / 100) VER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL: MODEL: MODEL: MODEL:
e)OCCUPATION: (INDOOR) OUTDOOR f)YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV S. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (OR) / WET / OTHE WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POUCE B. THIRD PARTY VEHICLE O) VEHICLE NUMBER: (C) NRIC/FIN/PASSPORT: (S) 783 HIND PARTY VEHICLE O) VEHICLE NUMBER:	STATION: MODEL: MODEL: CONTACT: 84687754
e)OCCUPATION: (INDOOR) OUTDOOR f)YEARS OF DRIVING EXPRERIENCE WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRIV S. G)WEATHER CONDITION: (CLEAR / RA b)ROAD SURFACE: (OR) / WET / OTHE WAS ANYBODY INJURED (YES / NO) 7. G)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POUCE NE of passenger of Vehicle NUMBER: (783 783) DRIVER'S NAME: / THNIN (1) O NRIC/FIN/PASSPORT: \$1737	DR) 13/12/2004 E INSURED'S COMPANY? (YES / 100) VER WITH INSURED: OWNER INING / OTHERS STATION: DR MODEL: MODEL: MODEL: MODEL:

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Declaration

We declare the foregoing particulars are true in every respect.

Policy holder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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)

lunderstand, 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) w he 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/liaw 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.

2 en 3/103/27 Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan