SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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

- Any false reporting may be referred to the Police for investigation.
 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 03/06/2022 16:48 (SGT) Date of Accident 02/06/2022 08:30 (SGT)

Exact Location of Accident Singapore

Additional Location Information ALONG OEI TIONG HAM PARK ROAD

Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGK6274X

INSURED/POLICYHOLDER

Is company? No

Name Of Registered Owner CHUA CHYE HONG

NRIC No SXXXX516F

Email Address winson tingwei@hotmail.com Mobile Phone No (Phone) +65-97374500

Alternative Phone No +65-97374500

VEHICLE PARTICULARS

Manufacturer

Model Variant SUNNY 1.6EXA

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? Vehicle Category

Transmission CC

Sunny

Nissan

Private use

No - Claiming third party

Private car Auto 1597

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd

Type of Coverage Comprehensive

Fleet Policy

No Policy Number

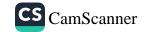
Cover Note Number

DRIVER

Name of Driver CHUA SU LYNN NRIC No SXXXX254F

Accident report \$10122630001

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 Date Of Birth
 24/04/1982

 Occupation
 Indoor

 Date Of Driving Pass
 08/08/2000

Driving experience 21 YEARS AND 10 MONTHS

Gender Fe

Mobile Number (Phone) +65-97374500
Alt. Phone Number -

Email Address winson tingwei@hotmail.com

Address 95 WEST COAST GROVE SPORE 127886

Address complement Postcode Is the driver the policyholder? No
If No, Relationship of the Driver with the Insured Child

Does Driver Own Other Vehicles?

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

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)

Has the driver been approached by unknown person(s)

so iciting/offering accident claims assistance?

PASSENGER 1

Name CHUA CHYE HONG

Gender Male

PASSENGER 2

Name MERRY 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?

Was there any video captured by Car Camera?

No
Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

No

Vehicle Registration Number GBK7971U
Vehicle Manufacturer -

@ Accident report \$10122630001



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Vehicle Model	52
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	
Address	
Address complement	
Postcode	2
Insurance Company Name	-
Nature Of Damage	2
Details of property damaged in accident	
No. Of Passenger (Including Driver)	-





SKETCH PLAN

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- 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' law yers/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;
- (ii) 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.

Policyholder's Signature / Date &

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

Sketch Plan

Witnessed by Reporting Centre Personnel.

Vehicle A SGK 6274X Vehicle B GBK 79711





On 52/06/202	2 about 08-30 Am	morning . I	was truvelling along
et tions HAM Pr	ARK Rogd and H	traffic con	section was been and
			sicle slow down and
	pericle B " GBK.		
ordian with impact	of very berry and l	orbly. There	is no one instal.
eclaration			
We declare the foregoing particular	irs are true in every respect.		1
1	1		
/	N		
(M	110	-	





