SINGAPORE ACCIDENT STATEMENT

Accident Date: 12/08/2022 Time: 17:05 (hh:mm) 24 hr format						
Location PIE towards Changi (Before Upper Serangoon						
Road Exit 15)						
Vehicle Number SMK7409Y						
Insured Name Cheng Ying Seng						
NRIC /FIN \$2605089H Contact Number 9734 4996						
Make Honda Model Shuttle						
Are you claiming under your own insurance policy for repair to your vehicle?						
() Yes If No,Pls select: (/) Third Party () Reporting						
Insurance Company Great Eastern						
Type of Policy (/) Comphensive () Third Party Fire & Theft () TP Only						
Policy Number V5002942						
Name of Driver (/)Same as Insured						
NRIC / FIN Contact Number 9734 4996						
Date of Birth 30/01/1964						
Driving Pass Date 16/12/1985						
Occupation () Indoor (/) Outdoor						
Gender (/) Male () Female						
Email Address vivianks 193@ictoud.com ()NO EMAIL						
Address of Driver BLK 948 Jurong West Street 91 #03-685						
Singapore 640948						
Was driver an employee of the Insured's Company? () Yes (/) No						
If No, Relationship of the Driver with the Insured						
(/) Owner () Spouse () Friend () Relative () Children () Sibling						
Does the Driver Own Any Other Vehicle? () Yes () No						
If Yes, Vehicle Registration Number of Driver's Own Vehicle						
Insurance Company of Driver's Own Vehicle Weather Conditions (/) Clear () Raining () Others						
Weather Conditions (/) Clear () Raining () Others Road Surface (/) Dry () Wet () Others						
Was any foreign vehicle involved in this accident? () Yes () No						
Was anybody injured in the accident? (/) Yes (/) No						
If yes, injured detail Driver & Passengers						
Was there any video captured by Car Camera? () Yes () No						
Was the Accident reported to the Police? () Yes () No If yes attach police report						
DETAILS OF 3 rd party Name Nric Contact						
Veh B GBK 9526J						
Veh C						
Veh D						
Veh E						
Veh F						

Passenger = 1) Cheng Mei Ying (F)

- 2) Joanne Cheng Wan Ying (F)
- 3) Kwok Sew Long (F) 4) Valentine Cheng Yuna (F)

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be ectively 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:
- (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.

Policyholder's Signature / Date &

Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

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A= SMK7409Y

B= GBK 9526J

PIE towards Changi

(Before Opper Serangoon Road Exit 15)

Describe Circumstance	s of the Accide	ent				
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Declaration

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

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel On 12.08.2022 at about 17:05 hours along PIE towards Changi (Before Upper Serangoon Road Exit 15), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I slowed down my vehicle (A).

Suddenly, I heard a loud bang and felt a great impact from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A).

I wish to state that I have 4 passengers in my vehicle (A).

Vehicle (A): SMK 7409Y

Vehicle (B): GBK 9526J

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