

☒ Scene Pic
☐ Auth Letter

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
22/8/22	10:30am	20 GUL WAY

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	GBK 6379L	
Name of Policyholder	ZHENG FA TRADING PTE LTD	
Full NRIC/ FIN/ Passport/ ROC (if owner is company)	199308332H	
Address	1769 GEYLANG BARU #01-06	
Address	D) 339703	
Contact Number	Tel: /	Hp: 9144 7455
(MUST WRITE) - EMAIL ADDRESS (compulsory)*		

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	TOYOTA DYNA	
Type of Vehicle	<u>AUTO/ MANUAL</u>	Saloon, MPV, CRV, Van, (Korn) Bus M/cycle, Others: /
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No	Remarks: 3rd party
Vehicle category	<input type="radio"/> Private Hire <input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle	

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	GREAT EASTERN	
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Policy Number	J021-V0118167-VCV	

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	CHONG TEK SIN	
NRIC/ FIN/ Passport	J71328302	
Date of Birth	24-09-1971	
Driving Pass Date	25-01-1992	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number	Tel: /	Hp: 9663 9675
Address	455A Fernvale Road #10-3P7	
Address	S) 791445	
(MUST WRITE) - EMAIL ADDRESS (compulsory)*		
raymondhon@2heng.com.sg		
Was driver an employee of the Insured's Company?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
If No, relationship of Driver with the Insured.		

No. of Passenger in vehicle (including Driver)

(including Driver)

Please state Passenger Names:

Name: /	Gender:
Name: /	Gender:
Name: /	Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: /
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others: /

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	Ambulance (Yes/ No)
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes	YN51387
Was there any video captured? (in-car camera in YOUR CAR)	<input checked="" type="radio"/> No <input type="radio"/> Yes	

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station.	/
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

OWN VEHICLE REGISTRATION NUMBER

GBK 6379L

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number	YN 5138 J
Make/ Model/ Others	LORRY
Vehicle category	<input type="radio"/> Private Hire <input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	
Number of People in vehicle	

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number	/
Make/ Model/ Others	
Vehicle category	<input type="radio"/> Private Hire <input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number	
Number of People in vehicle	

DETAILS OF WITNESS

Name	/
Phone / Email Address	

DETAILS OF INJURED PERSON 1

Name	
Contact Number	/
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to hospital by ambulance?	<input type="radio"/> Yes <input type="radio"/> No

DETAILS OF INJURED PERSON 2

Name	/
Contact Number	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	<input type="radio"/> Yes <input type="radio"/> No
Was Injured conveyed to Hospital by Ambulance?	<input type="radio"/> Yes <input type="radio"/> No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



[Signature]

Date & Time

Signature of Policy Holder
(Company Chop if applicable)

[Signature]

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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)

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:
- (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' 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.



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

