

ACCIDENT STATEMENT

Date of accident: 05/09/2022 Time: 11:13 HR.
 Location of accident: 806 Tampines Ave 4 carpark.

Details of Own Vehicle

Vehicle Number: SND151K. Make/Model: Audi A5.
 Insurer: Allianz. Eng. cc & Transmission: 2.0.
 Policy No: _____ Policy Type: TPFT/ TPO

Name: Gibston Lim NRIC/FIN no.: S9338019C
 Email: gibstonlim@gmail.com Contact no.: 93824043

Name: NO Driver NRIC/FIN no.: As above
 Email: _____ Contact no.: As above

Occupation: Indoor / Outdoor

D.O.B: 07/10/1993

Address: _____
 Driving pass date: 20/02/2018 Relationship with Policyholder: owner

General Information

Weather conditions: Clear / Raining Road surface: Dry / Wet
 Police report: Yes / No Video Footage: Yes / No
 Prosecution Letter: Yes / No If Yes against whom: _____

Passenger (incl. Driver): 0 Please provide ALL passengers details:-

	Passenger 1	Passenger 2
Name:		
Gender:	Male / Female	Male / Female

Witness: Yes / No If Yes, provide injuries details:-

	Witness 1	Witness 2
Name:		
Contact no.:		

Injuries: Yes / No If Yes, provide injuries details:-

Name	Veh No.	Seatbelt	Conveyed to hospital
		Yes/ No	Yes/ No
		Yes/ No	Yes/ No

Details of Third party

	Vehicle B	Vehicle C
Vehicle no.:	<u>7P1005A</u>	<u>6BF 7213 B</u>
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type & Acknowledgement

Claim Type: Own Damage/ Third Party/ Reporting Only

Policyholder/
driver

Workshop: Zoom Autowerks Pte Ltd.

Signature: _____

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

VEHICLE A: SND151K

VEHICLE B: PP1005A

VEHICLE C: GBFTX133B

W

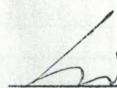
(BLK 806)

Describe Circumstance of the Accident

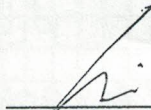
- Refer to Police Report -

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
(Name as in NRIC/ID card)