

# ACCIDENT STATEMENT

Date of accident: 13.09.2022 Time: 16:00 pm  
 location of accident: Blk 370 Tampines Street 34 Carpark No. TMTM19

Vehicle Number: GBC 9415M Make/Model: Toyota Hiace  
 Insurer: Allianz Eng. cc & Transmission: \_\_\_\_\_  
 Policy No: SP200274495 Policy Type: TPFT/TPO

Name: Corporate Profile of CAR(S) Leasing Pte Ltd NRIC/FIN no.: 201724841H  
 Email: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Name: Ee Hock Beng NRIC/FIN no: S8108570F  
 Email: Aaron-ee-82@yahoo.com.sg Contact no.: 9337 4985

Occupation: Indoor / Outdoor D.O.B: 24 Mar 1981

Address: Blk 896 Tampines Street 81 #08-880 S 520896  
 Driving pass date: 09 Oct 2007 Relationship with Policyholder: \_\_\_\_\_

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): 3 Please provide ALL passengers details:- (1 driver, 2 passenger)

	Passenger 1	Passenger 2
Name:	<u>DO THI HONG</u>	<u>DO THUY LINH</u>
Gender:	<u>Male / Female</u>	<u>Male / Female</u>

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

	Vehicle B	Vehicle C
Vehicle no.:	<u>YQ 3311Y</u>	
Driver name:		
NRIC/ FIN no.:		
Contact no.:		
Insurance Co.:		
Remarks: (Make/Model, Passenger, property info & etc)		

Claim Type: Own Damage/ Third Party/ Reporting Only

Workshop: Choo Motor

Policyholder/

driver

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 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)**

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.

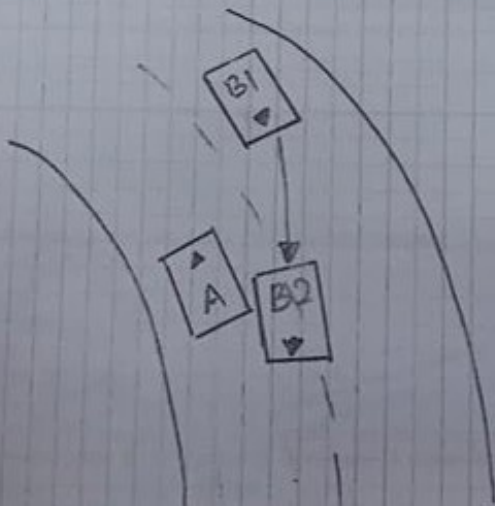


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

### Sketch Plan



A = GBC 9415M

B = YQ 3311Y



### Describe Circumstances of the Accident

On 13.09.2022 at about 16:00 hrs, I was in Blk 370

Tampines Street 34 Carpark. Vehicle B from the opposite direction encroached into my lane, It hit my vehicle rear on.

## Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &amp; Time

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

Witnessed by Reporting Centre  
Personnel