SINGAPORE ACCIDENT STATEMENT

| Accident Date: 19 9 22 Time: 12:30 (hh:mm) 24 hr format |
|---|
| Location outside Javan Bukit Merah Esso |
| |
| Vehicle Number SLR 756R |
| Insured Name Dee Chui Shim |
| |
| NRIC/FIN S7504644H Contact Number 90095540 Make Thyota Model vivs |
| Are you claiming under your own insurance policy for repair to your vehicle? |
| |
| Insurance Company Attl |
| |
| Type of Policy () Comphensive () Third Party Fire & Theft () TP Only |
| Policy Number 8123799669 |
| Name of Driver (Same as Insured |
| |
| NRIC / FIN Contact Number |
| Date of Birth 23/01 1976 |
| Driving Pass Date 22 09 2009 |
| Occupation () Indoor () Outdoor |
| Gender () Male () Female |
| Email Address chiang_ racher @yahoo. com.sg ()NO EMAIL |
| Address of Driver BK 138A Yuan ching Rd 7/12-113 (5) 611 138 |
|) / 22 |
| 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 |
| Road Surface () Dry () Wet () Others |
| Was any foreign vehicle involved in this accident? () Yes () No |
| Was anybody injured in the accident? (VYes () No |
| If yes, injured detail Driver (SLR756R) |
| 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 GBJ 1305 M |
| Veh C |
| Veh D |
| Veh E |
| Veh F |

* Drive only

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 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) w ho 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;
- (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")

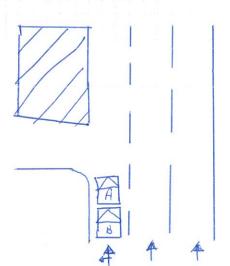
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their 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



yell = SLR 756R ULA B: GBJ 1305 M

| De scribe Circumstances of the Accident |
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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 THE STATED DATE AND TIME. I, VEHICLE A (SLR756R) WAS STATIONARY OUTSIDE JALAN BUKIT MERAH ESSO TO WAIT FOR ENTER THE PETROL STATION. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (GBJ1305M) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A: SLR756R

VEHICLE B: GBJ1305M

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