

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate

Information provided flust be as information and accurate as possible. Any wilful misrepresentation of witholding or material facts may allow insurance companies to repudiate policy liability.
 The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
 Any false reporting may be referred to the Police for investigation.
 This 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.
 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.

ACCIDENT STATEMENT

Date of Submission Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

03/10/2022 18:19 (SGT) 03/10/2022 07:15 (SGT) PIE, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLL3722A

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No.

QUEK JWEE HUA BENEDICT SXXXX983C benedict_01@hotmail.com (Phone) +65-96492588

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Private use

Subaru

Legacy

No - Claiming third party Private car Auto 2500

INSURANCE COMPANY

Name of Insurance Company Policy Number / Cover Note Number

Great Eastern General Insurance Limited V0116138

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

QUEK JWEE HUA BENEDICT SXXXX983C 12/10/1988 Indoor

Accident report SL0M22A3000C

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5. Any false reporting may be referred to the Traffic Police Department for investigation.

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- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the central and full coales 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 in GIA is may/aterpormatica to dullect, use, disclose and/or process my personal data personal information set out in this [form] and any other personal information provided by the or possessed by my insurer (collectively the Personal Information") and disclose and transfer such Personal information to all insurer(s) who have insured with cle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this arcident study be collectively referred to as the "Insurers"; the Insurers is twy-ersitax times, the Monetary Authority of Singapore and any relevant government agency fauthority (such as the posce) for the purpose(s) of
- (i) processing it and for 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 us 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**.)
- ib) a Finsurer's who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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) ay firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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