

## SINGAPORE ACCIDENT STATEMENT

### 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 Police for investigation.**
6. 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.
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.

### ACCIDENT STATEMENT

Date of Submission .....	03/01/2023 16:07 (SGT)
Reported by .....	Both
Date of Accident .....	31/12/2022 19:00 (SGT)
Exact Location of Accident .....	Thomson Rd, Singapore
Additional Location Information .....	Towards Moulmein Junction
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLF6770Y
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	FONG PIANG CAN JAMES
NRIC No .....	S1455229D
Email Address .....	ssophiaong@gmail.com
Mobile Phone No .....	(Phone) +65-93384547
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	City
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private use
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1500

#### INSURANCE COMPANY

Name of Insurance Company .....	Great Eastern General Insurance Limited
Policy Number / Cover Note Number .....	V5006824

#### DRIVER

Name of Driver .....	FONG PIANG CAN JAMES
NRIC No .....	S1455229D
Date Of Birth .....	20/10/1960
Occupation .....	Indoor

Date Of Driving Pass .....	07/10/1988
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93384547
Alt. Phone Number .....	-
Email Address .....	ssophiaong@gmail.com
Address .....	Blk 48 Dorset Road #05-109
Address complement .....	-
Postcode .....	210048
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	Ho Lee Lian Emily
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

Please refer to the sketch plan.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	The video is with the repair workshop, Kum Chew Motor Workshop.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA8681G
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	Mr Lee
Contact Number .....	(Phone) +65-97274977
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

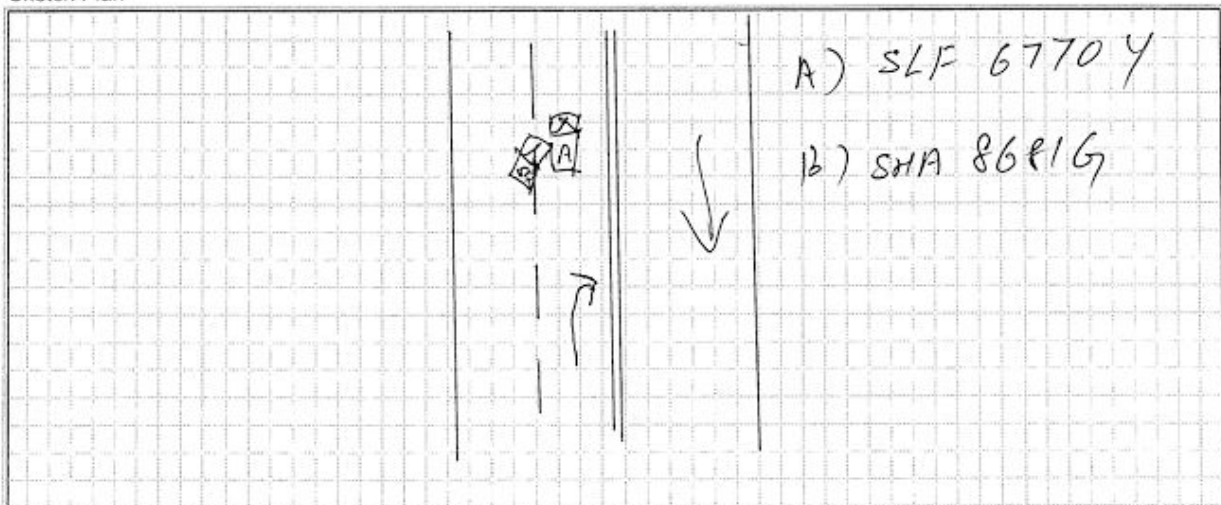
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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) **SOH JIT HOON**

**Sketch Plan**



Describe Circumstance of the Accident

On the evening of 31/12/22, I was travelling along Thomson Rd towards PIE. The accident occurred at Thomson Moulmein junction about 7pm (1900hrs)

I was travelling along the extreme right lane then suddenly ~~vehicle~~ vehicle SH48681 came into my lane and collided into my right side of my vehicle SLF6770Y.

The collision damaged my front, back and all the way to the back bumper.

Declaration

I/We declare the foregoing particulars are true in every respect.

 31/1/23  
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) SOH JIT HOON  
2















## Drive and Save Plus

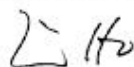
### POLICY DETAILS

**Policy Number** : V5006824  
**Policyholder** : FONG PIANG CAN JAMES  
**Plan Selected** : Essential  
**Period of Insurance** : 05/09/2022 to 04/09/2023  
**Date of Issue** : 05/08/2022 21:09HRS  
**Vehicle Registration no.** : SLF6770Y  
**Engine Number** : L15Z14108433  
**Chassis Number** : MRHGM6660HP000124

Coverage	Sum Insured
<b>1. Insurance On The Vehicle</b>	
Loss or damage by fire or theft	Up to Market Value
Accidental Loss of or Damage by other insured causes	Up to Market Value
Towing Service in the event of an accident	Covered
Repair Workshop	GEG Authorised Workshop
Windscreen Cover	Covered
<b>2. Liability To Third Parties</b>	
Death Or Bodily Injury	Unlimited
Damage To Property	Up to S\$5,000,000
Legal Fee	S\$3,000
<b>3. Medical Expenses</b>	Up to S\$1,000
<b>4. Death or Permanent Disability</b>	
Insured	S\$120,000
Authorised Driver and/or Passenger(s)	S\$50,000
<b>Additional Optional Benefits</b>	
NCD Protector (For Policyholder with 40% and 50% NCD)	
Loss of Use (S\$80 per day, up to 7 days)	

Please refer to the policy wording for full details of your coverage. All benefits are subject to the exclusions, limitations, provisions, and terms as described in the policy.

Signed for and on behalf of the Company



Authorised Signature