

rydonpt@gmail.com

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	3-7-23	Time of Accident:	16:30 hrs
Exact Location:	Loyang Ave		
DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SJK 3630 E	NRIC / FIN / Passport no:	S7689155I
Name of Registered Owner:	ong Jin Seong (90239835)		
Owner's Email:	rydonpt@gmail.com		
Owner's Address:	Blk 668B Edgefield Plains #05-698 (822668)		
Vehicle Make:	Toyota	Vehicle Model:	Camry
Engine Capacity (cc):	2,000	Transmission:	Auto/Manual
Type of Claim:	Own Damage / <u>Third Party</u> / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / <u>Private Hire</u>		
Name of Insurance Co:	Singlife		
Type of Policy:	<u>Comprehensive</u> / Third Party / Third Party, Fire & Theft		
Policy Number:	10948175		

DRIVER			
Name of Driver:	Tan Meng Keow	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S7689156 G	Date of Birth:	24-5-1976
Occupation:	Indoor/Outdoor	Driving Pass Date:	29-3-2012
Contact Number:	94500600	Gender:	Male / <u>Female</u>
Address:	as above		
Relationship with Owner:	Owner / Employee / <u>Spouse</u> / Child / Hirer / Other:		
Translator Name:		Translator NRIC:	
Translator Contact no:		Translator email:	

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / <u>Front to Rear</u> / Others:		
Weather Condition:	<u>Clear</u> / Raining / Others:	Road Surface:	<u>Dry</u> / Wet
Video available:	Yes / <u>No</u>		
Was anybody injured?	Yes / <u>No</u>	Police Report Made?	Yes / <u>No</u>
No. of passenger onboard (including driver):	3 (2 male passenger)		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	GT 1023P		
Vehicle Make / Model:	Toyota Van		
Name of Driver:	Peh Wee Gee		
NRIC / FIN / Passport no:	S1729633G		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Jin Seong Ong
Signature of Driver

4-7-23
Date and time

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.

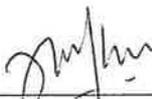
(collectively the "Purposes")

(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.



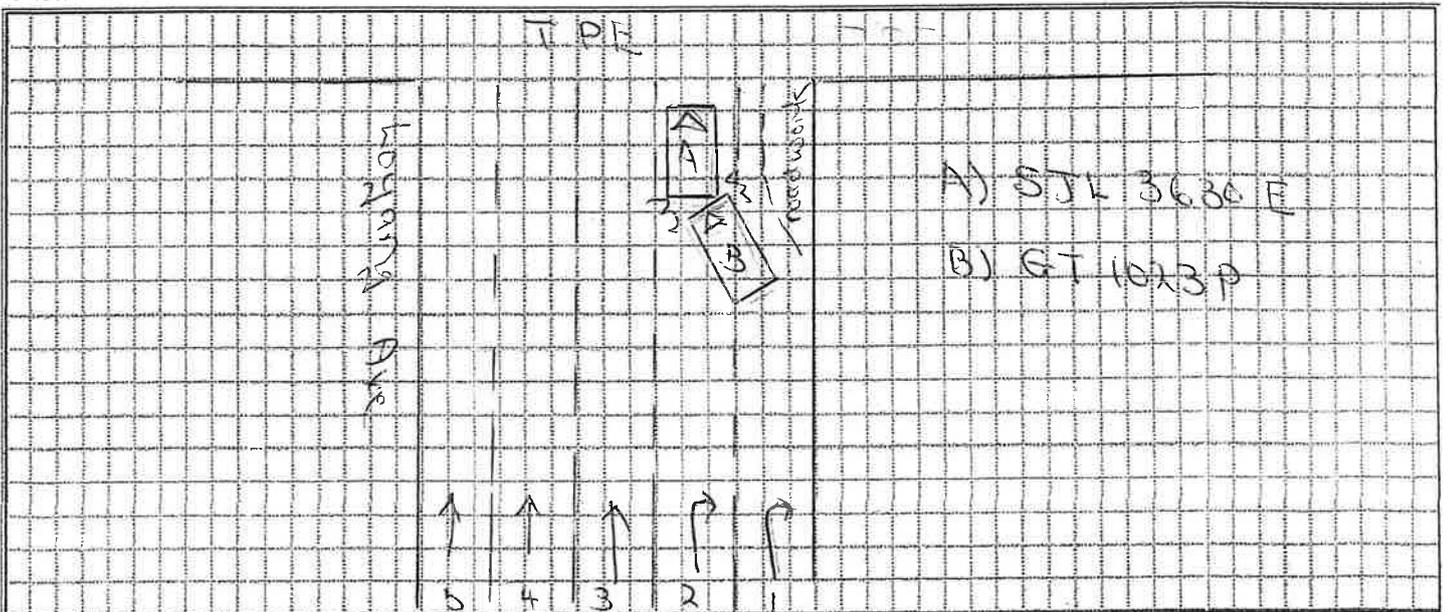
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstances of the Accident

My car was stationary in lane 2 turning lane due to red traffic light. A short while after I felt an impact from the rear of my stationary car. I was shocked & later alighted & discovered Veh (B) had collided onto the rear right of my car. Thereafter, we ~~to~~ exchange particulars & I took some photos. There was not injury then. I am claiming the damages of my car from the other party @ Authorize Workshop Pte Ltd.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

 04/7/2023
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel