

# 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 First Submission	10/09/2024 15:52 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/09/2024 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHURCH ST
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNH4730S
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### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEW KOK LEONG
NRIC No	SXXXX952F
Email Address	JAMESCHEW76@GMAIL.COM
Mobile Phone No	(Phone) +65-88824546
Alternative Phone No	-

### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	ESTIMA AERAS G-EDITION 2.4 A
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	2362
Vehicle Fuel	Petrol
First Registration Date	05/02/2010
Chassis no	ACR500108333
Effective Date/Time of Ownership	20/12/2022 06:12 (SGT)

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01216108/01

### DRIVER

Name of Driver	CHEW KOK LEONG
NRIC No	SXXXX952F
Date Of Birth	11/02/1976
Occupation	Indoor
Driving Pass Date	15/12/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88824546
Alt. Phone Number	-
Email Address	JAMESCHEW76@GMAIL.COM
Address	BLK 186D RIVERVALE DRIVE 07-842 SINGAPORE 544186
Address complement	-
Postcode	-
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 - Head to Rear
Weather Conditions	AFTER RAIN
Road Surface	Wet

#### 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)	1
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	-

#### 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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3855U
Vehicle Manufacturer	-

Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TANG BOON HIN
NRIC No .....	SXXXX011H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**Describe Circumstance of the Accident**

Date of Accident: 10/9/24 Time: 10am Location: Church st

My Vehicle A: SNH 4330S Vehicle B: SHC 3855U Vehicle C:

On the above-mentioned date, time and place, I was driving my vehicle along Church st on the extreme left lane. There were a lot of cars on the road and the traffic was slowing a slow moving. Suddenly, while my car was in stationery, suddenly I heard a loud bang behind me. I saw from my rear mirror and saw a taxi very near to my rear. I went out of the car and saw that the other vehicle had hit onto my rear vehicle. The driver also came out of the car and mfd that he had hit my car and wanted to settle the matter privately. As I am not care of how serious the damages, I told him to claim insurance. We exchange particulars and left the scene.

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks: Please forward a copy of my efile accident Report to SCRistop23@gmail.com

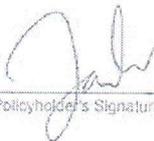
My Workshop:

Workshop Email Address: SCRistop23@gmail.com

Note: Please take note that your insurer have a 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information

**Declaration**

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

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



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

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/are 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

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

  
 Witnessed by GIA Records Centre Personnel (Name as in NRIC/ID Card)

Sketch Plan

