

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	09/09/2024 17:08 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/09/2024 14:30 (SGT)
Exact Location of Accident	Near 206 Aljunied Rd, Singapore 389827
Additional Location Information	ALONG PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD4708R
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	CHONG HWEE QUEEN
NRIC No	SXXXX369D
Email Address	QUEENCHQ@GMAIL.COM
Mobile Phone No	(Phone) +65-97429310
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.3 CVT
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	1318
Vehicle Fuel	Petrol
First Registration Date	21/08/2018
Chassis no	JHMGK3850JX226634
Effective Date/Time of Ownership	21/08/2018 11:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	24-MT105426-R03

DRIVER

Name of Driver	CHONG HWEE QUEEN
NRIC No	SXXXX369D
Date Of Birth	11/12/1988
Occupation	Indoor
Driving Pass Date	23/04/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97429310
Alt. Phone Number	-
Email Address	QUEENCHQ@GMAIL.COM
Address	BLK 79A JALAN ANGIN LAUT - SINGAPORE 489303
Address complement	-
Postcode	489303
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	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)	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

ON THE STATED DATE & TIME, I WAS DRIVING ALONG PIE TOWARDS TUAS AND APPLIED BRAKE. OUT OF SUDDEN, I FELT AN IMPACT FROM REAR AND NOTICE THAT THE VEHICLE B (SNC1743B) COLLIDED ONTO MY REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNC1743B
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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 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


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

→	
→	
→	
→	<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">  </div> <div> <p>Vehicle A: SMD 4708R</p> <p>Vehicle B: SNC 1743B</p> <p>Along PIE towards Tuas</p> </div> </div>

vJun2022

Describe Circumstance of the Accident

REFER TO GIA REPORT

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.


Reporting Only
 Claim OD
 Claim TP
☒ Claim OD/TP at other workshop

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)

