

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	26/09/2024 14:06 (SGT)
Reported by	Actual Driver
Date of Accident	25/09/2024 17:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	STEVENS ROAD TOWARDS PIE (JUNCTION OF DRAYCOTT PARK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNR7262D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA YI EN, DEBORAH
NRIC No	S8845311E
Email Address	Deb.cye@gmail.com
Mobile Phone No	(Phone) +65-90905668
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Is200
Variant	LEXUS IS200T EXECUTIVE
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	MA041741

DRIVER

Name of Driver	SEAH KWEE HONG, KEVIN
NRIC No	S8834602E
Date Of Birth	23/08/1988
Occupation	Indoor
Driving Pass Date	12/03/2007
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	17 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96981578
Alt. Phone Number	-
Email Address	KEVINSEAHKH@GMAIL.COM
Address	BLK 51 WEST COAST WAY 12-03 SINGAPORE 127015
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Major/Minor Rd
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	CHUA YI EN, DEBORAH
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

PLS REFER TO SKETCH PLAN

ATTACHMENT(S)

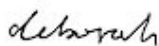
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW8108X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TANIA LIN SODHY
NRIC No	S8411934B
Contact Number	(Phone) +65-97235840
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN**IMPORTANT NOTICE**

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



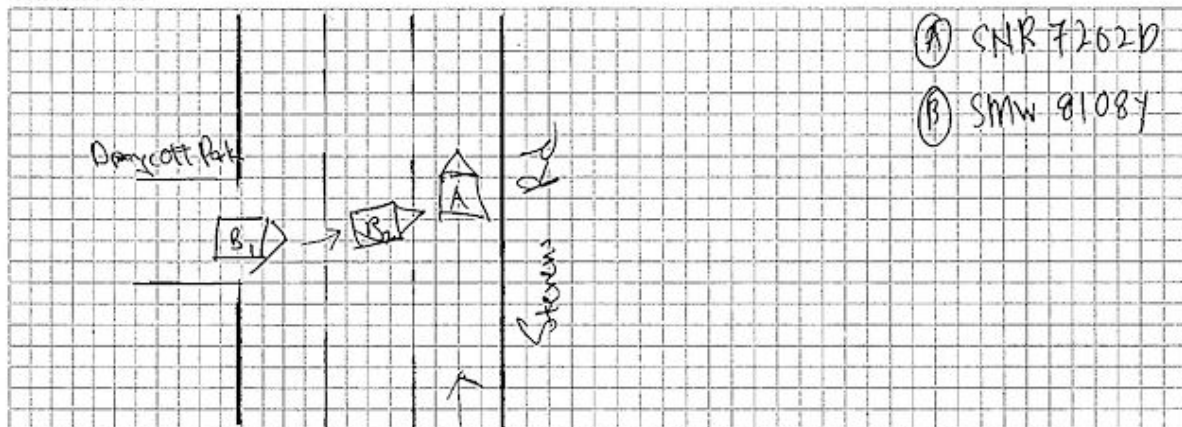
Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

25/9/24 1745hr

I was traveling along Stevens Rd. towards PIE, suddenly vehicle SM4UB1084 dashed out of Draycott Park and hit onto the left of my vehicle. My car was damaged on the rear left side.

Declaration

We declare the foregoing particulars are true in every respect.

deharu
Policyholder's Signature / Date & Time

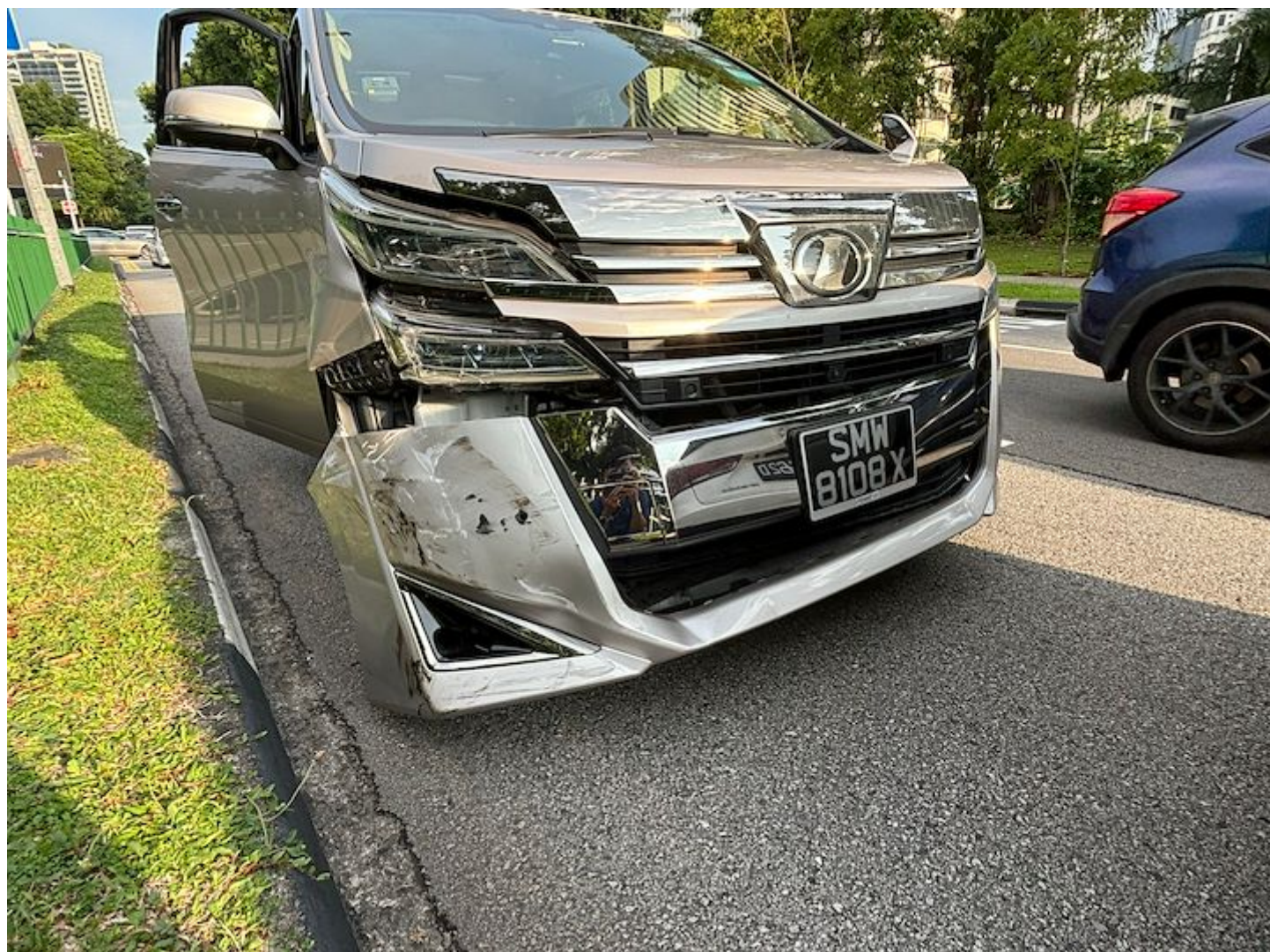
26/9/24 1.52hr
Driver's Signature (if driver is not the policyholder) / Date & Time

WITNESSED BY REPORTING CENTRE PERSONNEL
Witnessed by Reporting Centre Personnel









































ADDENDUM

Original Report No: SM13249QM009 Vehicle Registration No: SNB7262D

Name (as shown in NRIC): Seah kwee hong, kevin NRIC/FIN/Passport No: ~~SM9999999~~

(*Vehicle Driver/~~Vehicle~~) (*) Please delete as appropriate

Address: 51 west coast way #12-03 Singapore (127015)

Contact (Tel): 67797551 Mobile No.: 98981578

Email Address: Kevinseahkh@gmail.com

Date of Accident: 25/09/2024 Time of Accident: 1745

Place of Accident: Stevens road (towards pie), junction of draycott park

Insurance Company: Flora

The number plate of the other car involved was written as 'SMW 8108 Y'

The above is in error. And the number plate should be 'SMW 8108 X'

Thank you!



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: