stpie@singnet.com.sg

ACCIDENT STATEMENT

○ Scene Pic | ○ Owner ○ Driver

Date of Accident	Time (24 HRS)	Location of Accident
25/11/2024	12.30pm	Slip Road of Bedok North Ave 3 towards Bedok North Rd

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	GT 7351C
Name of Policyholder	Quek Hee Choon Aquarium
Full NRIC/ FIN/ Passport/ ROC (if owner is company)	30398600W
Address	Blk 334 Hougang Ave 5 #02-258 (S)530334
Address	
Contact Number	Tel: Hp: 84219572
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	Toyota Hiace	CC: 2982
Type of Vehicle	AUTO/ MANUAL	Saloon, MPV, CRV, (Van), Lorry, Bus M/cycle, Others:_
Are you claiming under your own insurance policy?		○ Yes ⊘ No Remarks:
Vehicle category	○ Private Hire	○ Private ⊘ Commercial ○ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	
Type of Policy	⊘ Comprehensive ○ TP Fire & Theft ○ Third party
Fleet Policy	○ Yes ⊘ No
Policy Number	5119352327-0Y

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	Quek Piow Yeow
NRIC/ FIN/ Passport	S1491466H
Date of Birth	01/12/1961
Occupation	Self employed ⊘ Indoor ○ Outdoor
Driving Pass Date	07/08/1987
Gender	⊘ Male ○ Female
Contact Number	Tel: Hp: 84219572
Address	Blk 334 Hougang Ave 5 #02-258 (S)530334
Address	
(MUST WRITE) - EMAIL ADDRESS (compulsory)*	
Was driver an employee of the Insured/policyholder?	⊘ Yes ○ No
If No, relationship of Driver with the Insured.	
No. of Passenger in vehicle (including Driver)	(including Driver)
Please state Passenger Names:	Name: Gender:
	Name: Gender:
	Name: Gender:
Vehicle Number of Driver's Own Vehicle (if applicable)	
Insurance of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	⊘ Clear	○ Raining	○ Others:_
Road Surface	⊘ Wet	○ Dry	○ Others:_

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	⊘ No	○ Yes	
Was anybody injured in the accident?	⊘ No	○ Yes	
Was any other vehicle(s) or property damaged?	○ No	⊘ Yes	Ambulance (Yes/(No))
Was there any video captured? (in-car camera in YOUR CAR)	○ No	○ Yes	

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	⊘ No	○ Yes	
Name of Police Station	Name of police station		
Was notice of intended Prosecution given?	⊘ No	○ Yes	If yes who:

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number: GBF 5704P

Make/ Model/ Others: Toyota Hiace

Vehicle category: ○ Private Hire ○ Private ⊘ Commercial ○ Motorcycle

Name of Driver: chai long

NRIC/ FIN/ Passport

Contact Number: 90223513

Number of People in vehicle (including Driver): 1

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category: ○ Private Hire ○ Private ○ Commercial ○ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

Number of People in vehicle (including Driver)

DETAILS OF WITNESS

Name

Phone / Email Address

DETAILS OF INJURED PERSON 1

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ○ Yes ○ No

Was Injured conveyed to hospital by ambulance? ○ Yes ○ No

DETAILS OF INJURED PERSON 2

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn? ○ Yes ○ No

Was Injured conveyed to Hospital by Ambulance? ○ Yes ○ No

QUEK HEE CHOON AQUAR.

Policy Holder Signature/ Date & Time

Driver Signature/ Date & Time

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.

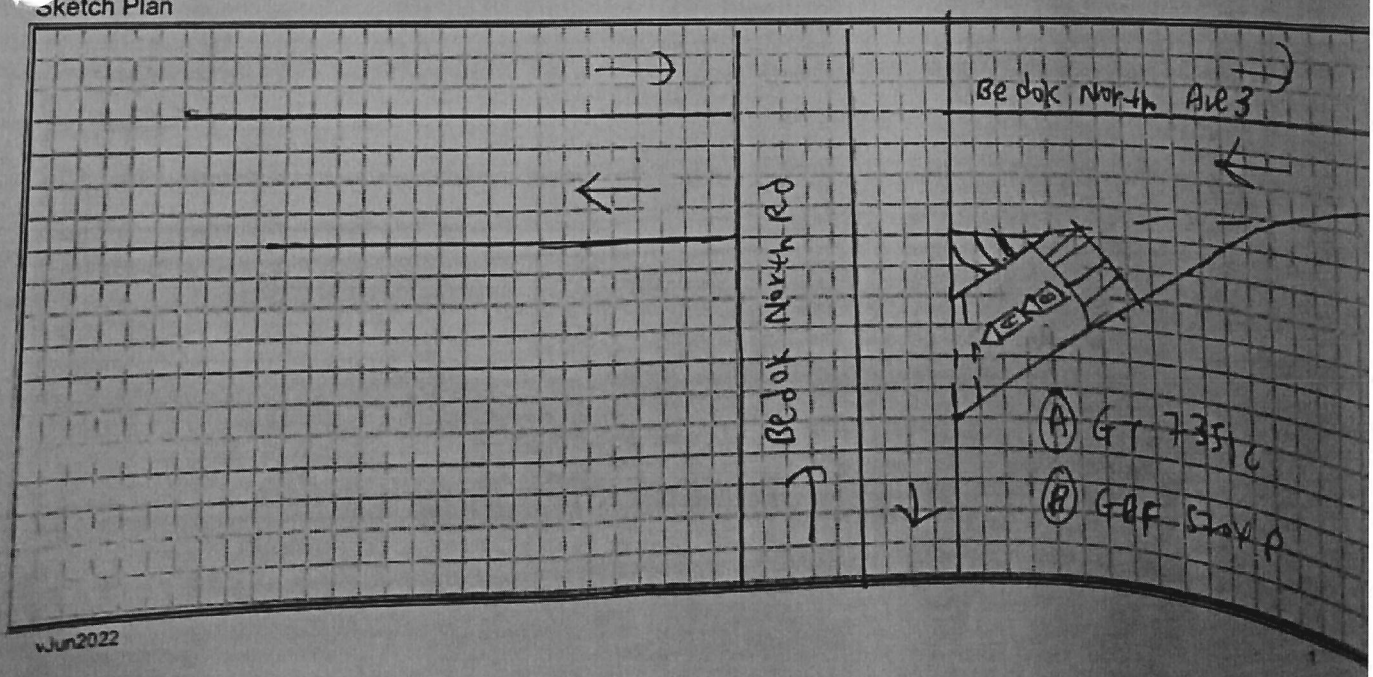
QUEK HEE CHOON AQUAR.

Authorised Sig.

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

Sketch Plan



Describe Circumstance of the Accident

On 25/11/2022 @ about 12.30pm, I am travelling along slip road of Bedok North Ave 3 to Bedok North Rd. I stop my vehicle to give way to the on coming traffic of Bedok North Rd. Before the traffic could even be clear, I felt an impact on my rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

TUEK HEE CHOON SQUARE

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)

vJun2022