

# 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 Authorised 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 Submission ..... 21/10/2019 16:43 (SGT)  
Date of Accident ..... 19/10/2019 13:15 (SGT)  
Exact Location of Accident ..... Bedok North Ave 1, Singapore  
Additional Location Information ..... twds bedok north rd  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV7926A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHAN YUON CHOU  
NRIC No ..... SXXXX917I  
Email Address ..... chanhua01@gmail.com  
Mobile Phone No ..... (Phone) +65-91089248  
Alternative Phone No ..... (Home) +65-91089248

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E 200CGI  
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

### INSURANCE COMPANY

Name of Insurance Company ..... India International  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D19MPC0001484  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... HE XIUFANG  
NRIC No ..... SXXXX568A  
Date Of Birth ..... 19/09/1971  
Occupation ..... Indoor

Date Of Driving Pass .....	22/06/2005
Driving experience .....	14 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91089247
Alt. Phone Number .....	(Office) +65-91089247
Email Address .....	chanhua01@gmail.com
Address .....	152 MARIAM WAY #02-04 BALLOTA PK CONDO
Address complement .....	-
Postcode .....	507080
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 - Change/cross lane
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 material 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

#### PASSENGER 1

Name .....	FAN YUANYUAN
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

REFER TO STATEMENT.

#### ATTACHMENT(S)

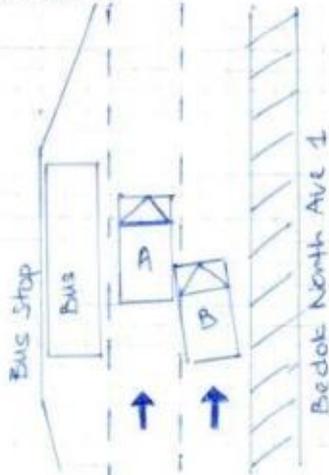
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJR6516B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	MOHAMED SHARIFFUDIN BIN MOHAMED SALLEH
Contact Number .....	(Phone) +65-88702367

Address .....	
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

SKETCH PLAN



Vehicle A : SLV 7296A  
 Vehicle B : SJR 6516B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above said date & time, I was driving my vehicle A (SLV 7296A) travelling along Bedok North Avenue 1 towards Bedok North Road on the second lane of a two lanes. I was driving straight, out of sudden vehicle B (SJR 6516B) from first lane filter to my lane. Thus, his vehicle front left portion collided onto my vehicle right side portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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

**SKETCH PLAN**

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7. By the lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time:

  
 \_\_\_\_\_  
 Driver's Signature  
 (if driver is not the policyholder)  
 Date & Time:

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

















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6224 0010 Fax (65) 6224 0030  
 Operating Hours : Monday to Friday, 09:00 – 17:00  
 UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MNA119139513 Vehicle Registration No: SLV7926A  
 Name (as shown in NRIC) : Chan Yuon Chou NRIC/FIN/Passport No : S1588917I  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : 152 Mariam Way #02-04 Ballota Pk Condo Singapore (507080)  
 Contact (Tel) : - Mobile No.: 9108 9248  
 Email Address : -  
 Date of Accident : 19/10/2019 Time of Accident : 1315  
 Place of Accident : Bedok North Ave1 twds Bedok North Rd  
 Insurance Company: India International Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Add email address = chanhua01@gmail.com (owner)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Jason.  
 \_\_\_\_\_  
 Policyholder / Driver's Signature  
 Date:

[Signature]  
 \_\_\_\_\_  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:  
 Date: