

## 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 ability
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 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 Report	02/12/2015 14:43
Date Of Accident	01/12/2015 09:00
Exact Location Of Accident	LOYANG AVE / PASIR RIS DR 1 TRAFFIC JUNCTION
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDQ7900U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHANG YU HWA
NRIC No	S2204885F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90029281
Alternative Phone No	Home-62548389

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	280S-2.8 (A)
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
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	India International Insurance Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	M474641
Cover Note Number	

### Driver

Name of Driver	GAY PENG REND
NRIC No	S8844634H
Date Of Birth	07/11/1988
Occupation	Indoor
Date Of Driving Pass	22/08/2009
Driving Experience	6 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-83399168
Fax Number	
Contact Number	
EMail Address	brandon@gylet.com.sg

Address  
Postcode  
Was driver an employee of the Insured's Company No  
If No, Relationship of the Driver with the Insured Children  
Vehicle Registration Number of Driver's Own Vehicle -  
-  
Insurance Company of Driver's Own Vehicle -  
-  
-

#### General Information of the Accident

Type Of Accident Unknown - COLLIDED WHILE REVERSING (TP HIT INSURED)  
Weather Conditions Clear  
Road Surface Dry

#### Other Information

Was any foreign vehicle involved in this accident? No  
Was any body injured in the Accident? No  
Was any other material or property damaged? Yes  
Was there any video captured by Car Camera? No  
Number of Passengers (Including Driver) 1

#### Details of Police Action

Was the accident reported to the police? No  
If Yes, Please state which Police Station  
Was notice of intended Prosecution given? No  
If Yes, against whom?

#### Circumstances of Accident

AS PER SKETCH PLAN ATTACHED.  
Are accident photos available for attachment? Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC5408P  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

**SKETCH PLAN**

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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' 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 w ith 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 w ith 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, w hich 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 w ith applicable law in administering, processing, handling and/or dealing w ith 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), w hich may be sited outside of Singapore, for one or more of the above Purposes.

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

 02/12/15 1430hrs  
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

   
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

**Sketch Plan**

Grid area for sketching the accident scene.

Sketch Plan Pg.2

Describe Circumstances of the Accident

I, the driver of vehicle SDQ7900U stopped behind a taxi SHC5408P at the junction of ~~Layang Avenue~~ traffic light junction of Layang Avenue and Pasir Ris Drive 1.

While our vehicles are stationary, taxi SHC5408P started to reverse slowly and bumped into the front of my car SDQ7900U.

Declaration

We declare the foregoing particulars are true in every respect.

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

 02/12/15 1430hrs  
\_\_\_\_\_  
Driver's Signature (if driver is not the policyholder) / Date & Time

  
\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S88446341



NAME  
GAY PENG HEND  
姓 名  
紀 永 榮  
Race  
CHINESE  
種 族  
華 人  
Date of Birth  
27 Nov 1960  
出生日期  
27 Nov 1960  
Place of Birth  
SINGAPORE  
出生地點  
新加坡

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S88446341



NAME  
GAY PENG HEND  
姓 名  
紀 永 榮  
Date of Birth  
27 Nov 1960  
出生日期  
27 Nov 1960  
Place of Birth  
SINGAPORE  
出生地點  
新加坡



Identity Card No. S88446341



Date of Issue  
12-08-2010

ISSUE BY  
REGULATORY AUTHORITY  
新加坡政府

CLASSIFICATION  
Class 1  
Motor Cycle (category 1) and 2-wheeled motor vehicle with maximum speed of 45 km/h (28 mph)

