

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 18/09/2020 17:06 (SGT)
Date of Accident 18/09/2020 13:10 (SGT)
Exact Location of Accident Near 205 Upper East Coast Rd, Singapore
Additional Location Information UPPER EAST COAST ROAD EXIT TO ECP
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKB1508E

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEY SU MIN, JUNE(ZHENG SHUMIN, JUNE)
NRIC No SXXXX689G
Email Address VINCENC78@GMAIL.COM
Mobile Phone No (Phone) +65-97928609
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Audi
Model A1
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2100301745-08
Cover Note Number -

DRIVER

Name of Driver VINCENT CHIA KHENG BOON(VINCENT XIE JINGWEN)
NRIC No SXXXX323E
Date Of Birth 30/10/1973
Occupation Indoor

Date Of Driving Pass	22/03/1994
Driving experience	26 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90468240
Alt. Phone Number	-
Email Address	VINCENC78@GMAIL.COM
Address	30 EASTWOOD ROAD #04-05
Address complement	-
Postcode	486365
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 - 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 material or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

I WAS TRAVELLING ALONG UPPER EAST COAST ROAD HEADED TOWARDS THE ECP. AT THE JUNCTION, WHILST I WAS FILTERING OUTTO MERGE ONTO THE ROAD HEADED TOWARDS THE ECP I HIT THE VEHICLE STOPPED IN FRONT OF ME AT THE JUNCTION WHILST I WAS CHECKING TRAFFIC TO MY RIGHT HAND SIDE

ATTACHMENT(S)

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

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' 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.

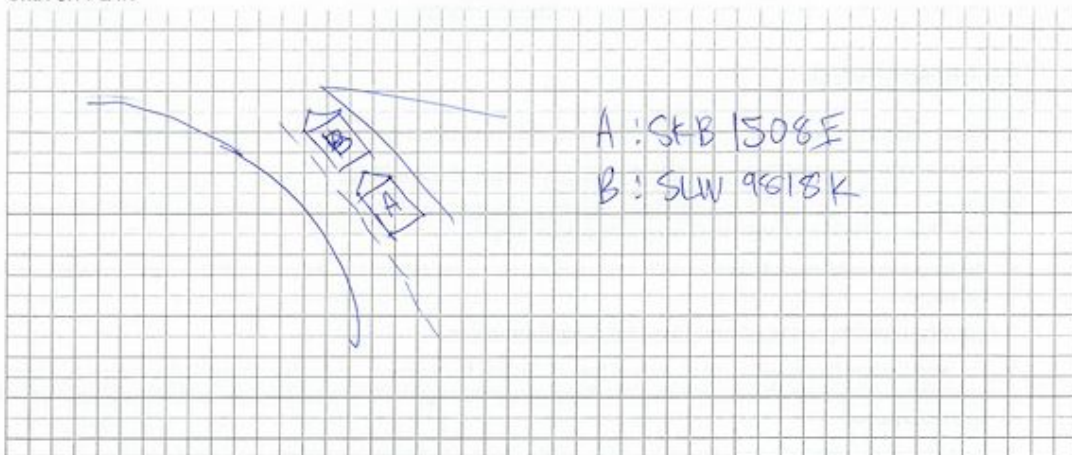
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Lim Bee Sian
NRIC/FIN No.: 60015694M



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Upper East Coast Road headed towards the ECP.

At the junction, whilst I was filtering out to merge ~~with~~ onto the road headed towards the ECP I hit the vehicle stopped in front of me at the junction whilst I was checking traffic to my right hand side.

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Lim Jee Seng

NRIC/FIN No.: 60775694M 2







































































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: S665500206 / GST Reg. No.: M600017735

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 : MPA 120081271 Vehicle Registration No : SKB 1508 E
 Name (as shown in NRIC) : Vincent Chia Hong Ban (Vincent Xie Jingnan) NRIC/FIN/Passport No : SKXX323 E
 (*Vehicle Driver/ ~~Vehicle Owner~~) (*) Please delete as appropriate
 Address : 30 East Wood Road #04-05 Singapore (486366)
 Contact (Tel) : _____ Mobile No. : 90468240
 Email Address : vincec78@gmail.com
 Date of Accident : 18/1/2020 Time of Accident : 13:10
 Place of Accident : Upper East Coast Road Exit to ECP
 Insurance Company : Alfa

(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:

To convert to reporting only

Policyholder / Driver's Signature
 Date: 04/12/20

Reporting Centre Personnel's Signature
 Name: Wm Koo Seng
 NRIC/FIN No.: 69XX569M
 Date: 3/12/2020

