

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	30/11/2020 20:09 (SGT)
Date of Accident	29/11/2020 17:20 (SGT)
Exact Location of Accident	Near 98 Bukit Teresa Rd, Singapore 099750
Additional Location Information	ALONG AYE (LOWER DELTA ROAD, JLN BUKIT MERAH EXIT 3)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM1315Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEE CHIA HSING
NRIC No	SXXXX751I
Email Address	jonlee7560@gmail.com
Mobile Phone No	(Phone) +65-96363376
Alternative Phone No	(Home) +65-96363376

VEHICLE PARTICULARS

Manufacturer	BMW
Model	316i
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	AGI
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10221653R01
Cover Note Number	22/08/2020-21/08/2021

DRIVER

Name of Driver	KOH SIEW MEI
NRIC No	SXXXX076G
Date Of Birth	07/02/1961
Occupation	Indoor

Date Of Driving Pass	04/10/1985
Driving experience	35 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97609360
Alt. Phone Number	-
Email Address	mabelkohsm@yahoo.com.sg
Address	BLK 285D TOH GUAN ROAD #18-68
Address complement	-
Postcode	604285
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SJJ2832G
Insurance Company of Other Vehicle Owned by Driver	AGI

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
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?	Yes
Police Station Name	Alexandra Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004739999
Alt. Police Station Phone No	(Fax) +65-64713569
Police Station Address	Blk 46-2 Commonwealth Drive #01-382A Singapore 140462
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

KINDLY REFER TO THE SKETCH PLAN

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	SJG4846U
Vehicle Manufacturer	Mercedes
Vehicle Model	E200
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN CHUN YONG
NRIC No	SXXXX573D

Contact Number	(Phone) +65-98447247
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLB8969A
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	XANTH LOON SUET WEI
NRIC No	SXXXX008C
Contact Number	(Phone) +65-96902195
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	4

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJL9109E
Vehicle Manufacturer	Volkswagen
Vehicle Model	Passat
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHENG DENG PENG
NRIC No	SXXXX748J
Contact Number	(Phone) +65-97817753
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	KOH SIEW MEI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	5 DAYS OF MEDICAL LEAVE
Injured person in which vehicle?	SJM1315Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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: 30/11/20 8.45am

Driver's Signature

(If driver is not the policyholder)

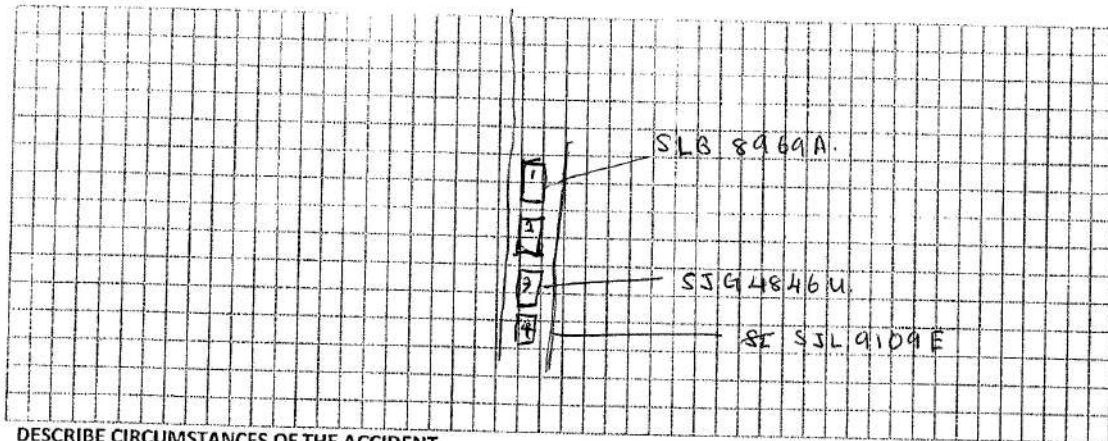
Date & Time: 30/11/20 (8.45am)

Reporting Centre Personnel's Signature

Name: RAJESWARAN - ANITHA

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving about 40-50 km/hr going to Jitter to AYE expressway. I saw Car 1 in front for me slowed down and gave to a stop. I gradually slowed down and came to a stop behind Car 1. After I came to a complete stop, ~~the~~ Car 3 hit my car from the back. Immediately after feeling the impact, I felt a second impact. My car was pushed forward and it hit Car 1 in front of me.

Car 1 is driven by Xanthi, HP No. 96902195, NRIC No. S8015008C. Car 1 number is SLB 8969A, Black Toyota Vios.

Car 3 is driven by Tan Chun Yong (Chen Junrong) NRIC No. S7719573D. Car 3 number is SSG 4846U, Silver color, Mercedes E200. His handphone no. is 98447247.

Car 4 is driven by Chen Deng Peng NRIC No. S7383748J, HP no. 97817753. Car 4 number is SIL 9109E, Silver color, Volkswagen.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time 30/11/2020
9am

Driver's Signature
(if driver not the policyholder)
Date & Time 30/11/2020
9am

Reporting Centre Personnel's Signature
Name: Rakshaman. Arant,
Nric/Fin No.









































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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: S66SS0020G / 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 : SE0020BU0006-01 Vehicle Registration No: SJM1315Z
Name (as shown in NRIC) : LEE CHIA HSING NRIC/FIN/Passport No : SXXXX751I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 96363376
Email Address : _____
Date of Accident : 29/11/2020 Time of Accident : 17:20
Place of Accident : ALONG AYE (LOWER DELTA ROAD, JLN BUKIT MERAH EXIT 3)
Insurance Company: Budget Direct

(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:

1 Amend the INJURED PERSONS DETAILS KOH SIEW WEI to KOH SIEW MEI

Policyholder / Driver's Signature
Date:



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