

GIA ACCIDENT REPORT

No video.

ID Type: <input type="checkbox"/> Company registration No. <input checked="" type="checkbox"/> NRIC No.		ID Type: <input type="checkbox"/> Company registration No. <input checked="" type="checkbox"/> NRIC No.	
<input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.		<input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Registered owner ID: S8060669J.		Registered owner ID:	
Address: B1K 733 Jurong West S+73 #07-20 (640733)		Address:	
Email:	Mobile No: 9879 6767	Email:	Mobile No.:
Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:

DRIVER DETAILS

Own Vehicle Driver Information		Third Party Vehicle Driver Information	
Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is the driver the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of driver: Pho Chre Yong.		Name of driver: Ong Mingfeng	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.		Driver ID Type: <input type="checkbox"/> NRIC No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> Work Permit No.	
Driver ID: S7707191A.		Driver ID: S8137593C.	
Driver Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Driver Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	
Driver Date of Birth: 7/9/77	Driving Pass Date: 2/7/02	Driver Date of Birth:	Driving Pass Date:
Address: B1K 733 Jurong West S+73 #07-20 (640733)		Address:	
Email:	Mobile No.: 9879 6336	Email:	Mobile No.:
Driver Occupation: <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship: Spouse	Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration No:	Handling Insurer:	Vehicle Registration No:	Handling Insurer:

INJURY DETAILS

Was anybody injured in the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Any injured conveyed to hospital by ambulance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Name: Pho Chre Yong	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Approximate age:	
Address:	Injuries sustained:	Injured person in which vehicle:	
	Were seatbelt worn? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was injured conveyed by ambulance <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

WITNESS DETAILS

Was there any witnesses? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Witness name:	Witness phone:	Witness email:

GIA ACCIDENT REPORT

ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 5/12/20	Time: 12:50	Location: Along Queensway
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Type of Accident:

- ☐ Chain collision
☐ Collided into bicyclist
☐ Collided into parked vehicle
☐ Collided into pedestrian
☐ Collided into property
☐ Collision - change/cross lane
☐ Collision - cross junction

- ☐ Collision - head on collision
☒ Collision - head to rear
☐ Collision - major/minor road
☐ Collision - opening door of vehicle
☐ Collision - roundabout
☐ Collision - U-turn
☐ Drink driving/drug influence

- ☐ Fire, explosion or lightning
☐ flood
☐ Hit & run/vandalism/damaged whilst parked
☐ Hit by fallen tree/other objects
☐ No collision
☐ Side swipe
☐ Theft

Weather Condition:

☒ Clear☐ Raining☐ Others: _____

Road Surface:

☒ Dry☐ Wet☐ Others: _____

Was any foreign vehicle involved in accident?

☐ Yes☒ No

Number of vehicles involved in the accident (including own vehicle): 02

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

☐ Yes☒ No

Was the accident reported to the police?

☐ Yes☒ No

Police station name: _____

Was notice of intended prosecution given?

☐ Yes☒ No

Against whom: _____

VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: SCQ8911T		Vehicle Registration No: JLE 2748G	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer: Jaguar	Vehicle Model: XE 2.0	Vehicle Manufacturer:	Vehicle Model:
Transmission: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto	CC: 2.0	Transmission: <input type="checkbox"/> Manual <input type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 01		Number of passengers (including driver):	
Passenger name: —	Passenger gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Passenger name:	Passenger gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: AXA		Handling Insurer:	
Coverage Type: <input checked="" type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: GA 544907	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: Zhang Fang		Registered Owner Name:	

SKETCH PLAN

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. The 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.
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.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan

A.
SCQ 8911T
B.
SLE 25486

Describe Circumstances of the Accident

I am driving along Queenway and stop at a traffic junction. Suddenly a Kenner SUEZ48G bump onto my vehicle.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel