

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 11/12/2020 18:32 (SGT)
Date of Accident 10/12/2020 17:05 (SGT)
Exact Location of Accident Sengkang W Way, Singapore
Additional Location Information SENGKANG WEST WAY/FERNVALE ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD2782A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHUNG HWEE MIN (ZENG HUIMIN)
NRIC No S8116911Z
Email Address SSUKAZZ@YAHOO.COM.SG
Mobile Phone No (Phone) +65-96511614
Alternative Phone No (Home) +65-96511614

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Lancer
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 P10190187R01
Cover Note Number -

DRIVER

Name of Driver CHUNG HWEE MIN (ZENG HUIMIN)
NRIC No S8116911Z
Date Of Birth 25/05/1981
Occupation Indoor

Date Of Driving Pass	03/06/2008
Driving experience	12 YEARS AND 6 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96511614
Alt. Phone Number	(Home) +65-96511614
Email Address	SSUKAZZ@YAHOO.COM.SG
Address	BLK 451A SENGKANG WEST WAY #18-367
Address complement	-
Postcode	791451
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	AFTER RAIN
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	TEO CHIN WEI KEAGAN
Gender	Male

PASSENGER 2

Name	TEO MENG KIAT BRAYDEN
Gender	Male

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 ATTACHMENT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY1201E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	IRWAN BIN AHMAD
NRIC No	-1
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHD233D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	SEE BOON POH
NRIC No	S1439085E
Contact Number	-
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	CHUNG HWEE MIN (ZENG HUIMIN)
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLD2782A
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	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:

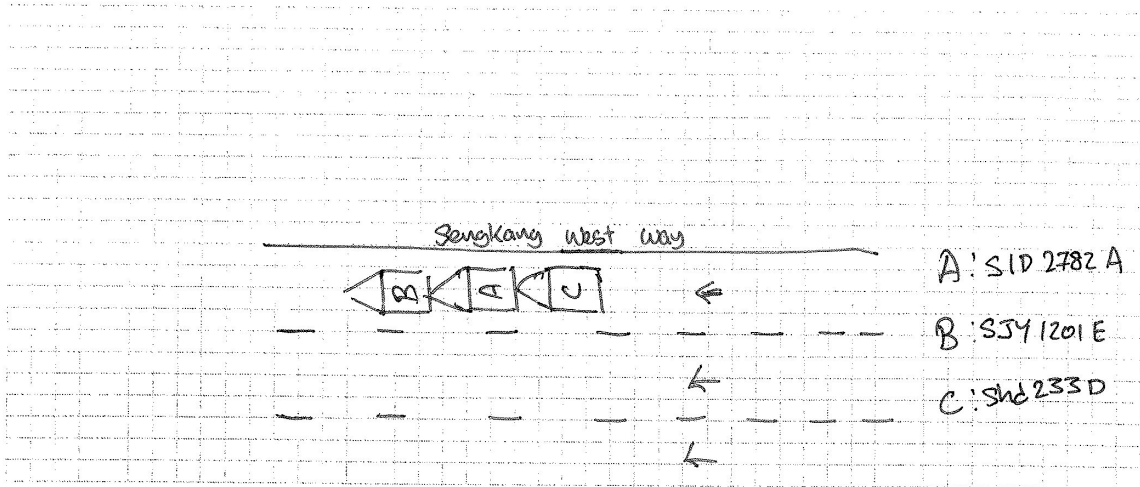
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/12/20 at about 17.05pm I was driving along Sengkang West Way suddenly I

Felt a huge impact from the rear of my car that causes my car to roll forward and

causes my car into a chain collision. This accident I would like to claim against the

3rd Party.

✓ CLAIMING AT OWN W/S

DECLARATION

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

X

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

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 : SE0920CB0003 Vehicle Registration No : SLD2782A
Name(as shown in NRIC): CHUNG HWEE MIN (ZENG HUIMIN)
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : SXXXX911Z
Address : _____
Contact (Tel) : _____ (H/P) : 96511614
(Email) : _____
Date of Accident : 10/12/2020 Time of Accident : 17 05 HRS
Place of Accident : SENGKANG WEST WAY/FERNVALE ROAD
Insurance Company : AGI

(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:

amend accident date to 10/12/2020

⑦

Signature of Vehicle Owner / Driver

Date: 14/12/20.

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm