



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	19/12/2020 10:49 (SGT)
Date of Accident	17/12/2020 18:00 (SGT)
Exact Location of Accident	Orchard Turn, Singapore
Additional Location Information	NEAR WISMA ATRIA TAXI STAND EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJM2626U
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LI CHUSHENG GARY
NRIC No	SXXXX770J
Email Address	GARY1410@HOTMAIL.COM
Mobile Phone No	(Phone) +65-92399322
Alternative Phone No	+65-92399322

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Civic
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	Direct Asia
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT/00748513
Cover Note Number	-

DRIVER

Name of Driver	LI CHUSHENG GARY
NRIC No	SXXXX770J
Date Of Birth	14/10/1984
Occupation	Indoor



Date Of Driving Pass	16/12/2005
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-92399322
Alt. Phone Number	+65-92399322
Email Address	GARY1410@HOTMAIL.COM
Address	234A SERANGOON AVE 2 #10-141
Address complement	-
Postcode	551234
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	Collision - Major/Minor Rd
Weather Conditions	DRIZZLING
Road Surface	Wet

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?	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	SHD6625S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ANG SOON CHAI
NRIC No	SXXXX482F
Contact Number	(Phone) +65-90285308
Address	-
Address complement	-
Postcode	-

Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -


SKETCH PLAN


IMPORTANT NOTICE

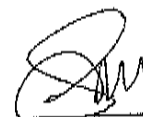
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 lodgment 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)

understand, acknowledge, agree and consent that:

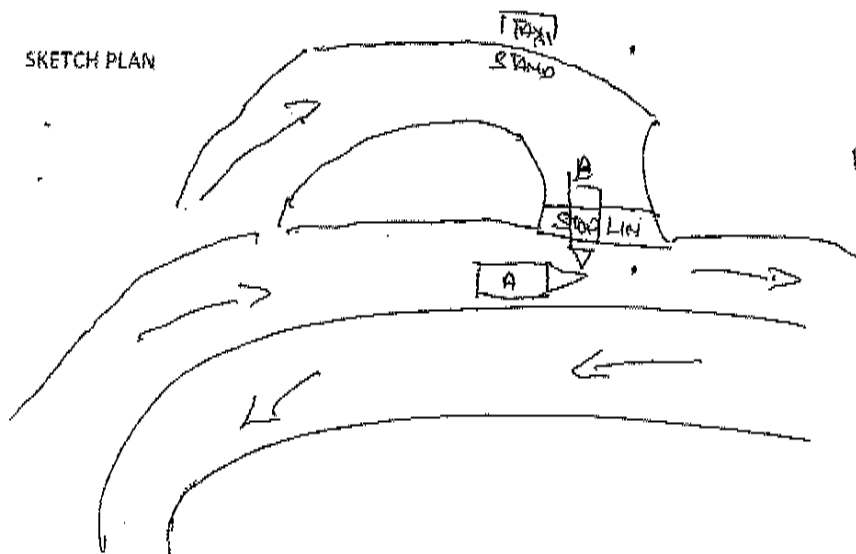
- a. My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes 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;
 - ii. regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - iii. 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 Person's Signature
 Name:
 Job Title:

SKETCH PLAN



A - SJM26264
B - SHD66253


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 17th December 2020 at about 6pm, I was travelling along Orchard Turn towards Nghee Ann Crty. Upon approaching Wisma Atria Taxi Stand, suddenly a white Mercedes Taxi (SHD66253) dash out from the taxi stand without stopping at the stop line despite giving a long horn to warn him and thus collide into my front left of my vehicle (SJM26264)

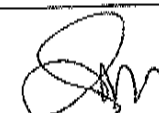
<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input checked="" type="checkbox"/> Claim OD (TP) at other workshop	FOR NANG CAR WORKSHOP
<input type="checkbox"/> For record purpose only	
Policy No.	
Insurer	DIY PEX ASIA
Veh No.	SJM26264

DECLARATION

We declare the foregoing particulars are true in every respect


Driver's Signature
Date & Time


Driver's Signature
If driver is not the insured, state name
Date & Time


Reporting Centre Personnel's Signature
Name
R/C, P/N, etc