

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 11/01/2021 17:12 (SGT)
Date of Accident 11/01/2021 12:27 (SGT)
Exact Location of Accident 21 Bukit Batok Street 21, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLL8229A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SIEW WENQIN
NRIC No SXXXX152G
Email Address wqsiew@gmail.com
Mobile Phone No (Phone) +65-96216599
Alternative Phone No (Home) +65-96216599

VEHICLE PARTICULARS

Manufacturer Honda
Model City
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 Tokio Marine
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 20-MS003501-R01
Cover Note Number -

DRIVER

Name of Driver SIEW WENQIN
NRIC No SXXXX152G
Date Of Birth 13/02/1987
Occupation Indoor

Date Of Driving Pass	28/04/2008
Driving experience	12 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96216599
Alt. Phone Number	(Home) +65-96216599
Email Address	wqsiew@gmail.com
Address	Blk 289A Bukit Batok Street 25
Address complement	#10-218
Postcode	650289
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 - 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?	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 attach 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	SLZ6771P
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	PANG BOON FOOK
NRIC No	SXXXX328F
Contact Number	-
Address	-
Address complement	-
Postcode	-


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

Vehicle Number: SLL 8229A



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:

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

 
 Reporting Centre Personnel's Signature
 Name: Winston Chew
 NRIC/FIN No.:

Vehicle Number:

The map is drawn on a grid background and shows the following details:

- Roads:**
 - Bukit Batok Ave 3:** A horizontal road at the top.
 - Bukit Batok Ave 4:** A horizontal road below Ave 3.
 - Bukit Batok St 21:** A vertical road on the left side.
- Directions and Arrows:**
 - On **Bukit Batok Ave 3**, there are arrows pointing right and left.
 - On **Bukit Batok Ave 4**, there are arrows pointing right and left.
 - On **Bukit Batok St 21**, there are arrows pointing up and down.
 - At the intersection of Ave 3 and Ave 4, there are arrows indicating a right turn from Ave 3 onto Ave 4 and a left turn from Ave 4 onto Ave 3.
- Bus Stops:**
 - Two bus stops are marked on **Bukit Batok St 21** with triangular icons. The top stop is labeled **A** and the bottom stop is labeled **B**.
- Text Labels:**
 - Bukit Batok Ave 3** is written in the top right area.
 - Bukit Batok Ave 4** is written in the top left area.
 - Bukit Batok St 21** is written vertically along the left side.
 - At the bottom right, the following text is present:
 - A - SLL 8229A
 - B - SLZ 6771P

On 11/01/2021 @ about 1227 hrs, while I stopped at Bukit Batok St. 21 towards Bukit Batok Ave 4, behind vehicle No. SLZ 6771 P unable to stop in time and hit onto the rear of my vehicle.

Lasting, both Parties confirmed no injuries during the accident of time

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

Policyholder's Signature

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name: Wing Chan









