

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 19/01/2021 17:32 (SGT)
Date of Accident 18/01/2021 15:45 (SGT)
Exact Location of Accident Near 02-121 Eu Tong Sen St, Singapore 059108
Additional Location Information Along Park Crescent
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBF2645X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner CSM DESIGN
Company Reg No 53048271A
Email Address kelvin.csmelesign@gmail.com
Mobile Phone No (Phone) +65-90282389
Alternative Phone No +65-90282389

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company AIG
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 2070107877
Cover Note Number 15/08/2020-14/08/2021

DRIVER

Name of Driver Lee Kok Chaw
NRIC No S1803139F
Date Of Birth 12/04/1967
Occupation Outdoor

Date Of Driving Pass	18/07/1984
Driving experience	36 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90282389
Alt. Phone Number	-
Email Address	kelvin.csmelesign@gmail.com
Address	Blk 128 Pending Road #10-310
Address complement	-
Postcode	670128
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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

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	EZ5671J
Vehicle Manufacturer	Toyota
Vehicle Model	Axio
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	Chum Chan Fai
NRIC No	S0018112I
Contact Number	(Phone) +65-81250439
Address	-
Address complement	-
Postcode	-

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

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:



GIA-REC SketchPlanForm 2/3

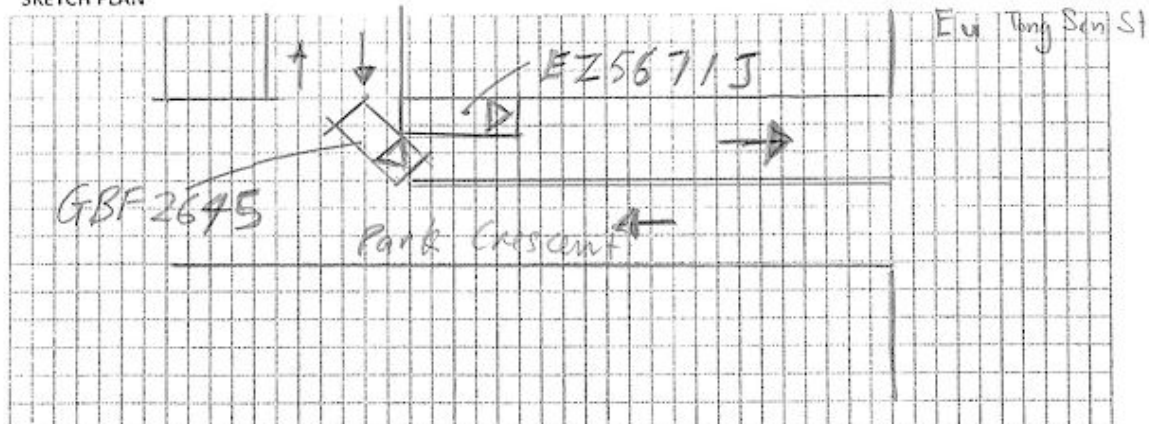
Driver's Signature
(If driver is not the policyholder)
Date & Time:

19-1-2021

Reporting Centre Personnel's Signature
Name: Rakesh Kumar . Arne
NRIC/FIN No.:

People's Park Complex.
carpark exit.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attachment

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

DECLARATION

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

CSW

Policyholder's signature
Date & Time



CSW

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

1-1-2021

PLS

Reporting Centre Personnel's Signature
Name: Rakesh Kumar, Anna
Nric/Fin No.

On stated date and time I was driving out from People's Park Complex car park to the Park Crescent. Vehicle B (EZ5671J) was stationary at the roadside and alighted people from his vehicle. The place he stationary was too close to the exit and there was a double yellow line. I try to turn my vehicle to left and take a wider turn. But my lorry center left body portion sideswipe with the vehicle B rear right portion.



19-1-2021





















