

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 06/02/2021 15:00 (SGT)
Date of Accident 05/02/2021 17:50 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE TOWARDS TUAS BEFORE STEVENS ROAD.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN6292T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAI HENG MUN
NRIC No SXXXX257C
Email Address ernchuen@hotmail.com
Mobile Phone No (Phone) +65-93637670
Alternative Phone No +65-93637670

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 P10368635R00
Cover Note Number -

DRIVER

Name of Driver LAI ERN CHUEN
NRIC No SXXXX257C
Date Of Birth 20/08/1994

Date Of Driving Pass	05/12/2015
Driving experience	5 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93209166
Alt. Phone Number	-
Email Address	ernchuen@hotmail.com
Address	BLK 570 CHOA CHU KANG ST 52 #06-230
Address complement	-
Postcode	680570
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHENG JEAN LYN SERA
Gender	Female

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Timah Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004689999
Alt. Police Station Phone No	(Fax) +65-64623782
Police Station Address	Blk 1 Toh Yi Drive #01-139 Singapore 591501
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME , I WAS DRIVING MY VEHICLE A: SLN6292T ON LANE 1 ALONG PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT, SUDDENLY, I FELT AN IMPACT FROM MY REAR AND REALISED A CAR (VEHICLE B : SKX8918T) HAD COLLIDED ONTO MY REAR.

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	SKX8918T
Vehicle Manufacturer	-

Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver YUEN YEOW KAY
NRIC No SXXXX481B
Contact Number (Phone) +65-98281570
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 LAI ERN CHUEN
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLN6292T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

INJURED 2

Name of injured person CHENG JEAN LYN SERA
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SLN6292T
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

REPORT FORM

PLEASE READ CAREFULLY

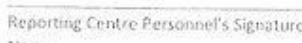
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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.:



Ven A: SLN 6292T
Ven B: SKX 898T

↑ PIE towards Tugs
Before Stevens Road Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,

I was driving my car (Ven A: SLN 6292T) on lane 1 along
PIE towards Tugs Before Stevens Road Exit. Suddenly, I felt
an impact from my rear and realized a car (Ven B: SKX 898T)
had collided onto my rear.

DECLARATION

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


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.: