

# 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 ..... 25/01/2021 10:57 (SGT)  
Date of Accident ..... 22/01/2021 17:35 (SGT)  
Exact Location of Accident ..... Near 463 Upper Serangoon Rd, Singapore 534498  
Additional Location Information ..... Upper Serangoon Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBB1685H

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... Semgas (S) Pte Ltd  
Company Reg No ..... 2XXXXX783Z  
Email Address ..... irenecheong@unionenergy.com.sg  
Mobile Phone No ..... (Phone) +65-68586666  
Alternative Phone No ..... +65-68586666

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company ..... First Capital  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... D-20094858MFCV/2  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Tan Eng Lai  
NRIC No ..... SXXXX644H  
Date Of Birth ..... 08/02/1959  
Occupation ..... Outdoor

Date Of Driving Pass .....	06/08/2020
Driving experience .....	5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97261291
Alt. Phone Number .....	-
Email Address .....	eltan5246@gmail.com
Address .....	Block 645 Ang Mo Kio Avenue 6
Address complement .....	06-4989
Postcode .....	560645
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

See GIA report

#### 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 .....	SKZ6596R
Vehicle Manufacturer .....	Kia
Vehicle Model .....	Forte
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1


SKETCH PLAN

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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.
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.

  
Policyholder's Signature / Date & Time

Sketch Plan

  
Driver's Signature (if driver is not the policyholder) / Date & Time 23/1/2021 @ 0931 hrs

  
Witnessed by Reporting Centre Personnel



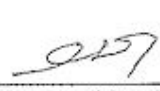
Describe Circumstances of the Accident

On 27/01/2021 @ 5.35 pm. I was driving along Upper Serangoon Road on the 2nd right lane towards Braddell Road in my vehicle (A: 6BB1625H). While travelling, a vehicle (B: SKZ 6596K, Kia, white) from inner right lane cut into my lane and hit against the right rear portion of my vehicle. No passenger on both vehicles. That's all!

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  
24/1/2021 @ 0931 hr

  
Witnessed by Reporting Centre Personnel



























**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: ST0J211M0003 Vehicle Registration No: GBB168514  
 Name (as shown in NRIC): Sengas (S) Pte Ltd NRIC/FIN/Passport No: 7002067832  
 (\* Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 25 Grafton Road Singapore (349482)  
 Contact (Tel): 6603 1706 Mobile No.: —  
 Email Address: irene.cheng@calsonenergy.com.sg  
 Date of Accident: 22/01/2021 Time of Accident: 1735h  
 Place of Accident: Upper Selegie Road  
 Insurance Company: AIQ

**(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:

The driving licence pass date should be 06/08/2020  
instead of 22/01/2021

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
 Name: Lim Wei Shun  
 NRIC/FIN No.: 37016  
 Date: 01/02/2021