

# 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 ..... 09/02/2021 12:20 (SGT)  
Date of Accident ..... 08/02/2021 15:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TOWARDS TUAS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGY6811Y

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHOW SHOON YUE  
NRIC No ..... S0353036A  
Email Address ..... SHOONYUE@YAHOO.COM  
Mobile Phone No ..... (Phone) +65-97815657  
Alternative Phone No ..... +65-97815657

### VEHICLE PARTICULARS

Manufacturer ..... Mercedes  
Model ..... E200  
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 - Reporting only  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100032675  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHOW SHOON YUE  
NRIC No ..... S0353036A  
Date Of Birth ..... 05/01/1944  
Occupation ..... Indoor

|  |                       |
|--|-----------------------|
| Date Of Driving Pass .....   | 13/06/1963            |
| Driving experience .....   | 57 YEARS AND 8 MONTHS |
| Gender .....   | Male                  |
| Mobile Number .....  | (Phone) +65-97815657  |
| Alt. Phone Number .....  | +65-97815657          |
| Email Address .....  | SHOONYUE@YAHOO.COM    |
| Address .....  | 11A STEVENS DRIVE     |
| Address complement .....   | -                     |
| Postcode .....   | 257908                |
| 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 ATTACHED  
STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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 ..... | SJJ1996Z             |
| Vehicle Manufacturer .....        | Toyota               |
| Vehicle Model .....               | Estima               |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Private car          |
| Name of Driver .....              | SIM CHAW KHUANG      |
| NRIC No .....                     | S7262524B            |
| Contact Number .....              | (Phone) +65-91094728 |
| 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.

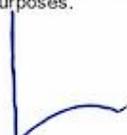
(collectively the "Purposes")

(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

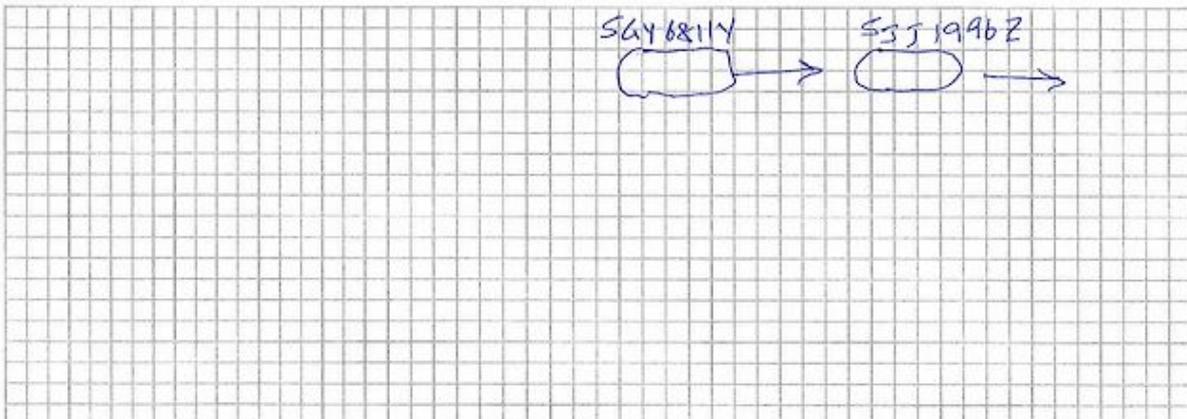
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
 Policyholder's Signature / Date & Time  
 9/2/21 10 55.

\_\_\_\_\_  
 Driver's Signature (If driver is not the policyholder) / Date & Time

  
 Witnessed by Reporting Centre Personnel

**Sketch Plan**



**Describe Circumstances of the Accident**

Location: Along P+E

Both cars were stationary in a heavy traffic situation. The car in front of me started moving slowly & I started moving too. The car in front came to a sudden stop and I had to brake immediately, but could not avoid touching the other car. I did not feel the impact but the other driver claimed it did. There is no evidence of damage to the other car as far as I can see. There is no damage to my car.

**Declaration**

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

[Signature]  
 Policyholder's Signature / Date & Time  
 9/2/21 1100

\_\_\_\_\_  
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]  
 Witnessed by Reporting Centre Personnel















GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S6550020G / GST Reg. No.: M400017735

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

**ADDENDUM**

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

Original Report No : SP0U21290004 Vehicle Registration No: SFY 6811 Y  
Name (as shown in NRIC) : Chow Shan Yee NRIC/FIN/Passport No : S. 0353036A  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 97815657  
Email Address : \_\_\_\_\_  
Date of Accident : 8/2/11 Time of Accident : 1530hrs  
Place of Accident : P/E Towards Tuas  
Insurance Company: AIG

**(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:

Date of Birth 6/1/1944

→ [Signature]  
Policyholder / Driver's Signature  
Date:

[Signature]  
**PROGRESSIVE CAR CARE PTE LTD**  
Blk 3022A Ubi Road 1 # 01-45/46  
Singapore 408716  
Tel: 6741 5338 Fax: 6741 7208  
Email: [claims@procarcare.com.sg](mailto:claims@procarcare.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: