

# 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 ..... 15/02/2021 13:15 (SGT)  
Date of Accident ..... 14/02/2021 11:33 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... ENTRY TO PIE HIGHWAY AT CLEMENTI AVENUE 6  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLX4466U

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SIA TZE YIN (XIE ZHIYUN)  
NRIC No ..... S7627137B  
Email Address ..... mdsteph03@gmail.com  
Mobile Phone No ..... (Phone) +65-96810801  
Alternative Phone No ..... +65-96810801

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... SPACE STAR  
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? ..... Yes  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... AIG  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800029180  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SIA TZE YIN (XIE ZHIYUN)  
NRIC No ..... S7627137B  
Date Of Birth ..... 03/09/1976  
Occupation ..... Indoor

Date Of Driving Pass .....	20/07/2016
Driving experience .....	4 YEARS AND 7 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96810801
Alt. Phone Number .....	+65-96810801
Email Address .....	mdsteph03@gmail.com
Address .....	BLK. 202 CLEMENTI AVENUE 6
Address complement .....	#05-49 SINGAPORE
Postcode .....	120202
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) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	ADRIAN LIM
Gender .....	Male

#### PASSENGER 2

Name .....	ASHER LIM
Gender .....	Male

#### PASSENGER 3

Name .....	ALICIA LIM
Gender .....	Female

#### 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 ATTACHMENT

#### 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 .....	SMW1472P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	FAZIL BIN ABDUL RAHMAN
Contact Number .....	(Phone) +65-90025011
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 my 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.

*SMH 15/2/21*

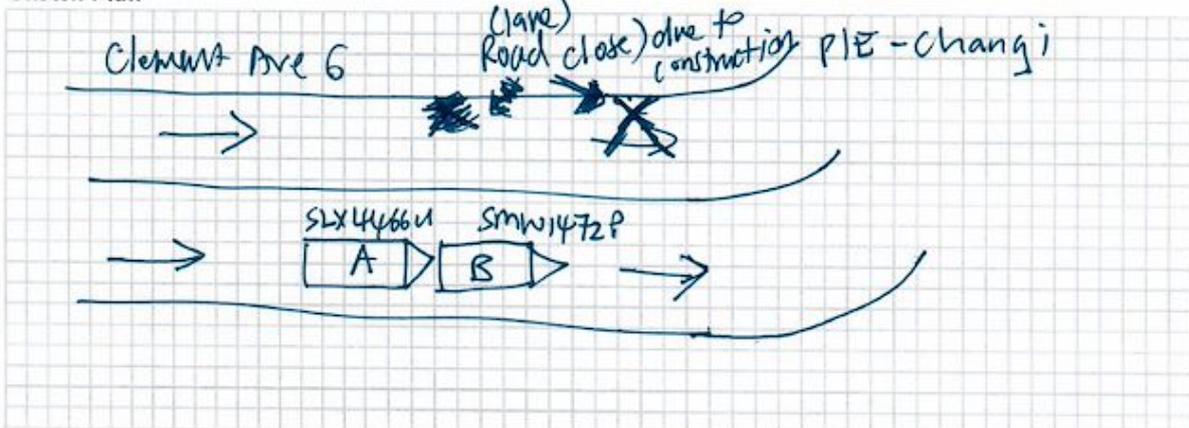
Policyholder's Signature / Date & Time

*SMH*

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

While proceeding to the PIE Changi Highway @ the end, the other lane was closed for construction, the car in front was suddenly slowed down, my car was not in time to stop due to the sudden stop of the other car, though I have safely slow down & stop but as it was too near the car in front, my car ~~was~~ had hit slightly onto the rear of the car in front causing a few scratches onto the car in front. BUT, my car has bigger damage. It was dented on the front of my car. No one was injured on both cars.

Declaration

We declare the foregoing particulars are true in every respect.

SMH 15/2/21 8:45 am  
 Policyholder's Signature / Date & Time

SMH 15/2/21 8:45 am  
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]  
 Witnessed by Reporting Centre Personnel































