

# 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 ..... 19/03/2021 11:12 (SGT)  
Date of Accident ..... 17/03/2021 18:30 (SGT)  
Exact Location of Accident ..... 50B Prinsep St, Singapore 188681  
Additional Location Information ..... Prinsep street turning to bras basah road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU7177A

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Josephine Wong Chow Yoong  
NRIC No ..... S1677077I  
Email Address ..... Josephine7177@gmail.com  
Mobile Phone No ..... (Phone) +65-96477177  
Alternative Phone No ..... +65-96477177

### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Qashqai  
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  
Transmission ..... Auto  
CC ..... 1200

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 170077924-03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Josephine Wong Chow Yoong  
NRIC No ..... S1677077I

Date Of Birth .....	14/09/1964
Occupation .....	Indoor
Date Of Driving Pass .....	29/05/1993
Driving experience .....	27 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96477177
Alt. Phone Number .....	+65-96477177
Email Address .....	Josephine7177@gmail.com
Address .....	248d Pasir Panjang Rd
Address complement .....	-
Postcode .....	117400
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 on collision
Weather Conditions .....	Raining
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	1
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

On 17/3/21 at about 6.30pm, I was driving towards Prinsept Street, waiting at the red light to turn in Bras Basah Road. A commercial Van GBL137C, Driver Vimelanaathan D Nagaretnam licence no: G2486512L, He is on the left side, cutting into my lane in order for him to turn right. Not realising it, I drove toward and hit on his back side and the signal light.  
 Accident reported on 18/3/2021 @ 15:51hrs, try to load to Gear website on 19/03/2021 @ 8.00am, website not ready.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBL137C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	Vimelannathan D Nagaretna
Passport No/FIN .....	G2486512I

Contact Number .....	(Phone) +65-94996744
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	Rear
No. Of Passenger (Including Driver) .....	-

SKETCH PLAN

Refer to Video clip

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date:	17/3/21	Accident Time:	6:30pm	AM/PM	PM
Accident Location:	Prinsept Street turning to Bras Basah Road				
- Details of circumstances -					
<p>On 17/3/21 at about 6:30pm, I was driving towards Prinsept Street, waiting the red light to turn in Bras Basah Road. A Comica Van GRL 137C, Driver Vinelanaa then D. Negaratha License No: G248692L. He is on the left side, cutting into my lane in order for him to turn right. Not realising it, I drove forward and hit on his back side and the signal light.</p>					
Third Party Details: -					
(B) Veh No:			(C) Veh No:		
(B) Veh Model:			(C) Veh Model:		
(B) Driver Name:			(C) Driver Name:		
(B) ID No:			(C) ID No:		
(B) Contact No:			(C) Contact No:		

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 Person's Signature  
Name:  
NRIC/FIN No.:



GIARMC SketchPlanForm\_V3


**SKETCH PLAN****IMPORTANT NOTICE**

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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.:

## SINGAPORE ACCIDENT STATEMENT

Accident Date & Time: 17/3/21 - 6.30pm	
Accident Location: Pringett Street turning to Bras Basah Road.	
Vehicle Number: SLU 7177A	Make/Model:
Policy Holder Name: Josephine Wong	
NRIC/ROC: S16770771	Mobile: 96477177
Email: josephine777@gmail.com	
Insurance Company:	
Policy Number: 170077924-03	Policy Period: 15/11/20 to 14/11/21
Policy Coverage: Comprehensive ( )	Third Party ( ) Third Party Fire & Theft ( )
State Action Taken: Claim Own Policy ( ) Claim Third Party ( ) Reporting Only (✓)	
Driver Name: Josephine Wong	
NRIC: S16770771	Mobile: 96477177
Date Of Birth: 14/9/1964	Driving Pass Date: 29/5/1993
Gender: Male ( ) Female (✓)	Occupation: Indoor ( ) Outdoor ( )
Address: 248D, Pasir Panjang Road S(17400)	
Is driver an employee of the insured's company: Yes ( ) No ( )	
If No, Relationship of the driver with the insured:	
Owner ( ) Spouse ( ) Friend ( ) Relative ( ) Children ( ) Sibling ( ) Hirer ( )	
Weather Conditions: Clear ( ) Raining (✓) Others ( )	
Road Surface: Dry ( ) Wet (✓) Others ( )	
Was any foreign vehicle involved in this accident? Yes ( ) No (✓)	
Was anybody injured in the Accident? Yes ( ) No (✓)	
Was there any video captured by Car Camera? Yes (✓) No ( )	
Number of Passenger (Including Driver): 1	
1)	2) 3) 4)
Was the accident reported to the police? Yes ( ) No (✓) "attach Police Report, if any"	
3rd Party Name: Vimalannathan D Nagaretna	
Vehicle Number: GBL 137C	Make & Model:
NRIC: G2486512L	Mobile No: 94996744
Witness Details (if any):	
NAME:	NRIC: Mobile No:
Other remark: if any	



















**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: S66550020G / 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 : STOX213J0001 Vehicle Registration No: SLU 7177 A  
Name (as shown in NRIC) : Josephine Wong chow Young NRIC/FIN/Passport No : S1677077 I  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 248 Pasir Panjang Rd Singapore (117400)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 96477177  
Email Address : Josephine7177@gmail.com  
Date of Accident : 17/08/21 Time of Accident : 6.30pm.  
Place of Accident : Prinsept street turning to Bras Basah Road  
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:

Input error on birth date year  
to amend to 14/09/1964

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Policyholder / Driver's Signature \_\_\_\_\_  
Date: \_\_\_\_\_

Reporting Centre Personnel's Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_

