

**SINGAPORE ACCIDENT STATEMENT**

**Accident Details**

Date of Accident: 01/04/2021

Time of Accident: 4:58 (AM / PM)

Location of Accident: Moulmein Road towards CTE (SLE)

Country/State of Loss: SG.

Type of Accident: Head to Rear

Weather Condition: Clear / Raining / Not in List

If Not in List, please specify \_\_\_\_\_

Road Surface: Dry / Wet / Not in List

If Not in List, please specify \_\_\_\_\_

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No: \_\_\_\_\_

Type of Vehicle: \_\_\_\_\_

No. of vehicles Involved in the accident (include own vehicle) 02.

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: \_\_\_\_\_

Was notice of Prosecution given? Yes / No

If yes, against whom? \_\_\_\_\_

**Details of Own Vehicle**

Vehicle Registration No: SMX1041 U.

Vehicle Category: Private.

Vehicle Manufacturer: Honda Vehicle Model: Vezel

Transmission: Manual /  Auto Cc: \_\_\_\_\_

No. of passengers (including driver) \_\_\_\_\_

Passenger Name: Theng Mei Xi (S8942643Z)

Gender: Male /  Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name: \_\_\_\_\_

Gender: Male / Female

**Own Vehicle Policy**

Handling Insurer: NTUC

Coverage Type: ACT /  Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes /  No

Registered Owner Name: KOH ZHI XIONG

ID Type: UEN /  NRIC / Passport or FIN / Work Permit

Registered Owner ID: 88833962B.

Email: zhixiongk.88@gmail.com

Mobile No: 9159 7735

Alt. No Type: Home / Office / Not in List

If Not in List, please specify \_\_\_\_\_

Owner Alt Phone No: \_\_\_\_\_

**Driver's Information**

Is the driver the policy holder?  Yes /  No

Name of Driver: As above

Gender:  Male /  Female

ID Type: NRIC / Passport or FIN / Work Permit

Driver's ID: As above

Date of Birth: 10/09/1988

Driving Pass Date: 21/09/2007

Mobile No: As above

Email: \_\_\_\_\_

Address 1: 780C Woodlands Crescent

Address 2: #13-57

Postal Code: 733780

Occupation:  Indoor /  Outdoor

Driver Owner Relationship: owner

Does Driver own other vehicles? Yes /  No

If yes, please provide Vehicle Registration No: \_\_\_\_\_

Handling Insurer: \_\_\_\_\_

**TP Vehicle or Property**

Was there any other vehicle or property damaged?  Yes /  No

If yes, please provide:

(i) Vehicle Registration No: SKD 1331T

(ii) Vehicle Category: private

(iii) No. of passengers (including driver) female driver  
male pax.

Passenger Name: \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

Passenger Name \_\_\_\_\_

Gender: Male / Female

**Injured Person's Details**

Was anyone injured in the accident? Yes /  No

Any injured conveyed to hospital by Ambulance? Yes /  No

If yes, please provide:

(i) Name: \_\_\_\_\_

(ii) Gender: Male / Female

(iii) Injured Person in which Vehicle? \_\_\_\_\_

(iv) Full Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Witness Details**

Was there any witnesses? Yes /  No

If yes, please provide:

Witness Name: \_\_\_\_\_

Witness Contact: \_\_\_\_\_

**Files**

Are accident photos available for attachment? Yes /  No

Was there any video captured? Yes /  No

Was there any audio captured? Yes /  No

## SKETCH PLAN

### 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. The 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.
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

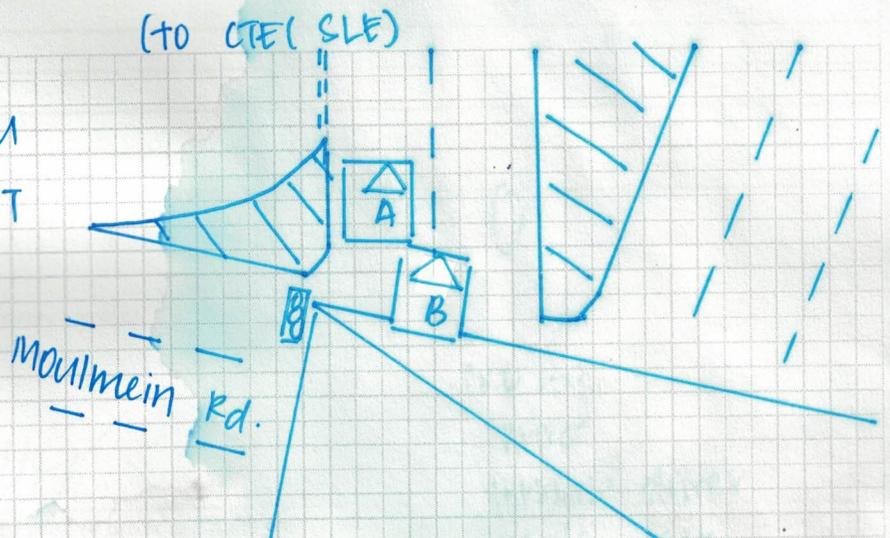
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

### Sketch Plan

vehicle A: SMX1041U

vehicle B: SKD1331T



Describe Circumstances of the Accident

On the stated date & time, I, vehicle X,  
CMX1041U, was travelling along the stated venue.  
Front vehicle made an abrupt brake and I immediately  
brake as well. About 1 to 2 seconds later, vehicle  
'B', SKD1331T, collided onto my vehicle's rear  
right portion.

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

Witnessed by Reporting Centre  
Personnel