

# 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 ..... 16/04/2021 12:45 (SGT)  
Date of Accident ..... 15/04/2021 10:30 (SGT)  
Exact Location of Accident ..... Near 2 Lor 12 Geylang, Singapore 398983  
Additional Location Information ..... OPPOSITE NUMBER 2 LORONG 12 GEYLANG  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLH8733G

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHIA YI SHAN  
NRIC No ..... S1808366C  
Email Address ..... ysttchia@gmail.com  
Mobile Phone No ..... (Phone) +65-98160772  
Alternative Phone No ..... +65-98160772

### VEHICLE PARTICULARS

Manufacturer ..... Subaru  
Model ..... Forester  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Reporting only  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 2000

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2100490719-04  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TAY YONG SHING HENRY  
NRIC No ..... S1764264B

Date Of Birth .....	02/09/1966
Occupation .....	Indoor
Date Of Driving Pass .....	02/09/1988
Driving experience .....	32 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86837373
Alt. Phone Number .....	-
Email Address .....	henry@hydrabaths.com.sg
Address .....	19B LIM TUA TOW ROAD #01-02
Address complement .....	-
Postcode .....	547802
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Collided into Parked Vehicle
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

PLEASE REFER TO THE ATTACHED DOCUMENTS AND VIDEO

#### 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 .....	SHD3456H
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Blue
Vehicle Category .....	Taxi
Name of Driver .....	KEOW EDWARD
NRIC No .....	S7902051F
Contact Number .....	-
Address .....	-

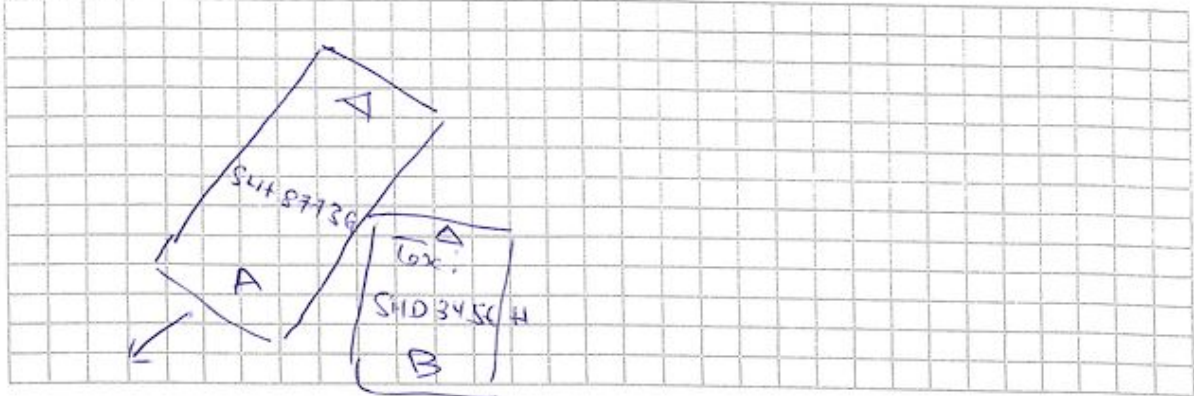
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

#### WITNESS DETAILS

##### WITNESS 1

Name ..... HSIONG CHINA YUAN GERALD  
Phone ..... (Phone) +65-97734526  
Email ..... -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Taxi driver claimed:

SUH 8773G reverse and cause a dent to the front left

SUH 8773G driver claimed when reversing, there was a slight contact with taxi but there was no damaged caused to both vehicles through this contact.

Note: Taxi Driver claimed that the right lower door side garnish cause the dent to his vehicle

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

## SKETCH PLAN

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## 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

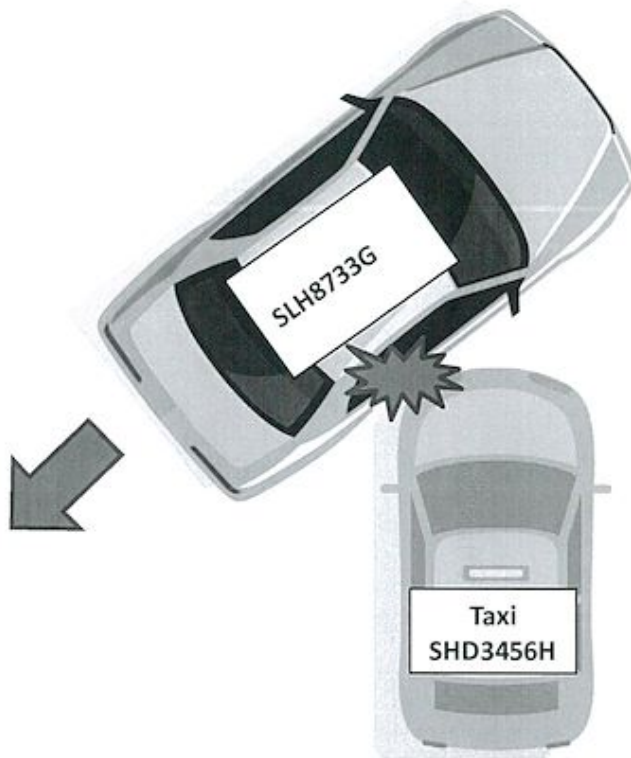
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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/PIN NO.:





Taxi driver claimed :  
SLH8733G reversed and cause  
a dent to the front left.

SLH8733G driver claimed  
when reversing, there was a  
slight contact with taxi but  
there was no damaged  
caused to both vehicles  
through this contact.



Note : Taxi Driver claimed that the right  
lower door side garnish cause the dent to  
his vehicle.

Taxi was stationary with Edward inside. Henry was making a reverse to park into the nearby temple and while doing so, Henry had a slight contact with taxi. Both came out of vehicle to inspect.

Edward claimed that reverse action caused a dent in the front of his taxi. Whereas Henry checked and saw no fresh damages to both vehicles. However, Edward insisted that there is. So both exchanged personal information.

Henry have 2 witnesses to vouch his claim.

























