

# 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 ..... 14/05/2021 14:03 (SGT)  
Date of Accident ..... 13/05/2021 15:30 (SGT)  
Exact Location of Accident ..... Green Ln, Singapore  
Additional Location Information ..... GREEN LANE (AFTER THE TURN ALONG LIM AH WOO)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SJM1860R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEONG CHEE CHOY  
NRIC No ..... S0242685D  
Email Address ..... gary@driven.com.sg  
Mobile Phone No ..... (Phone) +65-98503206  
Alternative Phone No ..... +65-98503206

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Fit  
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 - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1339

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... 5114407345-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GARY CHUA TECK GIN  
NRIC No ..... S9311841C

Date Of Birth .....	04/04/1993
Occupation .....	Outdoor
Date Of Driving Pass .....	06/02/2014
Driving experience .....	7 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-83237967
Alt. Phone Number .....	-
Email Address .....	gary@driven.com.sg
Address .....	BLK 21 HAIG ROAD
Address complement .....	#02-17
Postcode .....	430021
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Friend
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) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	UNKNOWN
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 SKETCH PLAN

#### ATTACHMENT(S)

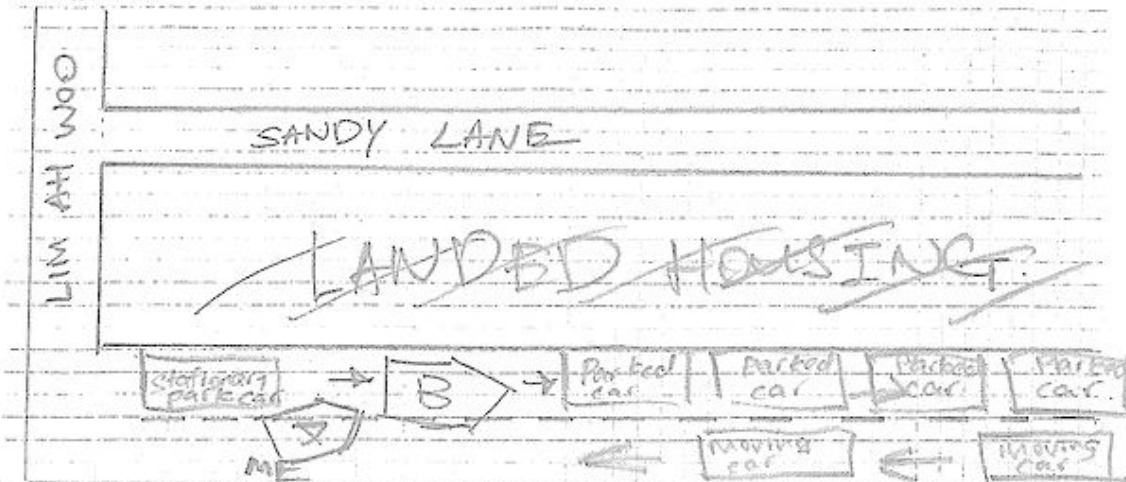
Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBJ675B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Both I was driving along Lim Ah Woo Rd and made a left turn onto Green Lane. 6BJ 675B was travelling in front of me (3JM 1860R) and filter into to the side as there was 2 oncoming car ahead. I saw the two oncoming car and I also filtered into the side to allow the two oncoming car to pass through. However, while in waiting for the two oncoming cars to pass, 6BJ 675B made a reverse despite me waiting stationary at the back. I gave him a good continuous horn for sometime before it collided into the head of 3JM 1860R. The driver of 6BJ 675B came down apologised and say he did not hear the horn and also did not checked his right mirror. His hazard light was not on when he made a sudden reverse. Driver also refused to exchange particulars and telephone number at the scene. He offered a \$100 damage compensation but I refused as the car was damage was more than that \$100. Since he refused to exchange particulars, I took the pictures and left.

DECLARATION

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

Cheng  
Policyholder's Signature

Date & Time: 14/05/21  
11:50am

[Signature]  
Driver's Signature  
(If driver is not the policyholder)

Date & Time: 14/05/21 11:50am



Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN

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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 sit'd 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.

Cheng  
Policyholder's Signature  
Date & Time:

[Signature]  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

[Signature]  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:





































































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: S665500205 / 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 : SS17215E0003 Vehicle Registration No: SJM 1860R

Name (as shown in NRIC) : Cheong Chee Choy NRIC/FIN/Passport No : S0242685D

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

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

Date of Accident : 13-05-2021 Time of Accident : 15:30

Place of Accident : \_\_\_\_\_

Insurance Company: NTUC

**(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:

Driver correct email —> gary@driven.com.sg

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

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name:

