

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	27/05/2021 16:12 (SGT)
Date of Accident	26/05/2021 09:50 (SGT)
Exact Location of Accident	Tampines Link, Singapore
Additional Location Information	TOWARDS TAMPINES NORTH DR 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA8641Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHONG AIK
NRIC No	SXXXX060D
Email Address	TANSHARON74@GMAIL.COM
Mobile Phone No	(Phone) +65-88303633
Alternative Phone No	+65-88303633

VEHICLE PARTICULARS

Manufacturer	Suzuki
Model	Sx4
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	1600

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	D20MPC0007447
Cover Note Number	-

DRIVER

Name of Driver	TAN CHONG AIK
NRIC No	SXXXX060D

Date Of Birth	18/12/1954
Occupation	Indoor
Date Of Driving Pass	27/09/1977
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88303633
Alt. Phone Number	+65-88303633
Email Address	TANSHARON74@GMAIL.COM
Address	BLK 260 TAMPINES ST 21
Address complement	#09-310
Postcode	520260
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	DAUGHTER
Gender	Female

PASSENGER 2

Name	GRAND-DAUGHTER
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

PLS REFER TO THE ATTACHED STATEMENT.

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	GBJ2465C
Vehicle Manufacturer	-

Vehicle Model	-
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**IMPORTANT NOTICE**

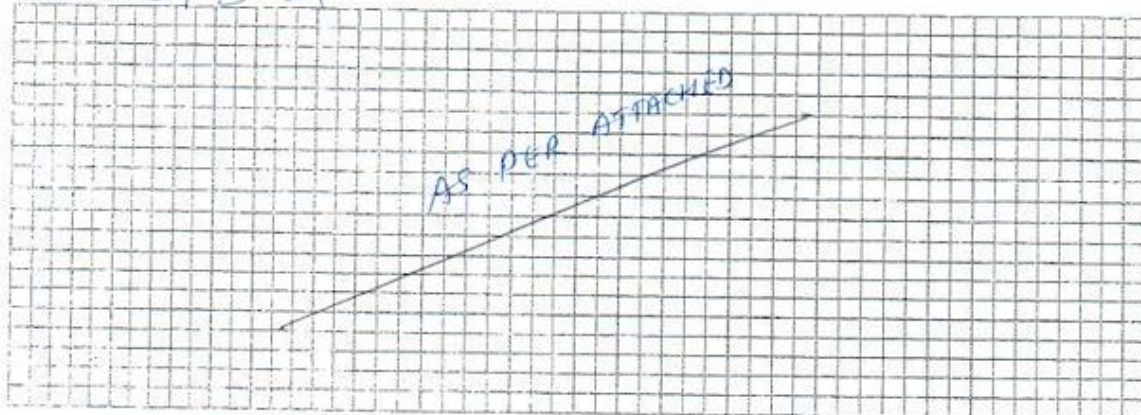
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

Tan Chong Aik
 Policyholder's Signature / Date & Time

27-5-21
 Driver's Signature (if driver is not the policyholder) / Date & Time

27/05/21
 Witnessed by Reporting Centre Personnel

Sketch Plan 27-5-21



5/27/2021

Tampines Link - Google Maps

Google Maps Tampines Link



Image capture: Jun 2019 © 2021 Google

Singapore

Google

Street View



A - SJA6641Z

B - GBJ2465C

<https://www.google.com.sg/maps/@1.3704589,103.9329333,3a,75y,254.03h,59.2t/data=!3m6!1e1!3m4!1sRjyz7-rj3bbr1FfR9kTPQ!2e0!7!16384!...> 1/1

Describe Circumstances of the Accident

~~I was making a right~~
 I was travelling from Tampines Link making a right turn. When there was no oncoming veh I proceed to turn right. Suddenly veh B came and I have not enough time to react my veh hit onto the rear right side portion of veh B.

Declaration

We declare the foregoing particulars are true in every respect.

Tan chong HK
 Policyholder's Signature / Date &
 Time 27-5-21

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

27/05/21
 Witnessed by Reporting Centre
 Personnel











