

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	21/06/2021 12:18 (SGT)
Date of Accident	18/06/2021 16:40 (SGT)
Exact Location of Accident	475 Changi Rd, Singapore 419892
Additional Location Information	SENG KEE BLACK CHICKEN HERBAL SOUP PTE LTD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS209K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SEOW CHUI HOON ALICE
NRIC No	SXXXX470G
Email Address	ECILA369@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-97818277
Alternative Phone No	+65-97818277

VEHICLE PARTICULARS

Manufacturer	Audi
Model	Q3
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	1395

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00886259
Cover Note Number	-

DRIVER

Name of Driver	SEOW CHUI HOON ALICE
NRIC No	SXXXX470G

Date Of Birth	02/09/1963
Occupation	Indoor
Date Of Driving Pass	11/05/1996
Driving experience	25 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-97818277
Alt. Phone Number	+65-97818277
Email Address	ECILA369@YAHOO.COM.SG
Address	62 BAYSHORE PARK
Address complement	#18-06
Postcode	469983
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 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)	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 18 JUNE AROUND 4:30PM, I DROVE FROM MY PLACE AT BAYSHORE PARK TO SENG KEE BLACK CHICKEN HERBAL SOUP PTE LTD TO PACK DINNER. AS I APPROACHED THE RESTAURANT AT 475 CHANGI ROAD, I SLOWED DOWN TO LOOK FOR PARALLEL PARKING LOTS ALONG THE ROAD SIDE. I SAW THE LAST LOT WAS VACANT AND WAS ABOUT TO FILTER IN WHEN I HEARD A LOUD BANG AND I FELT A VISIBLE JERK TO MY CAR. I GOT OUT OF MY CAR IMMEDIATELY AND SAW A GREY AUDI A3 RIGHT BEHIND - CAR PLATE SMQ1942G. MY BUMPER SUSTAINED SUBSTANTIAL SCRATCHES AND CRACKS ON THE LEFT CORNER. THE LADY DRIVER OF THE OTHER CAR INITIALLY TRIED TO PIN THE BLAME ON ME BUT ADMITTED IT WAS HER FAULT AFTER AWHILE.

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	SMQ1942G
Vehicle Manufacturer	Audi
Vehicle Model	A3
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
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

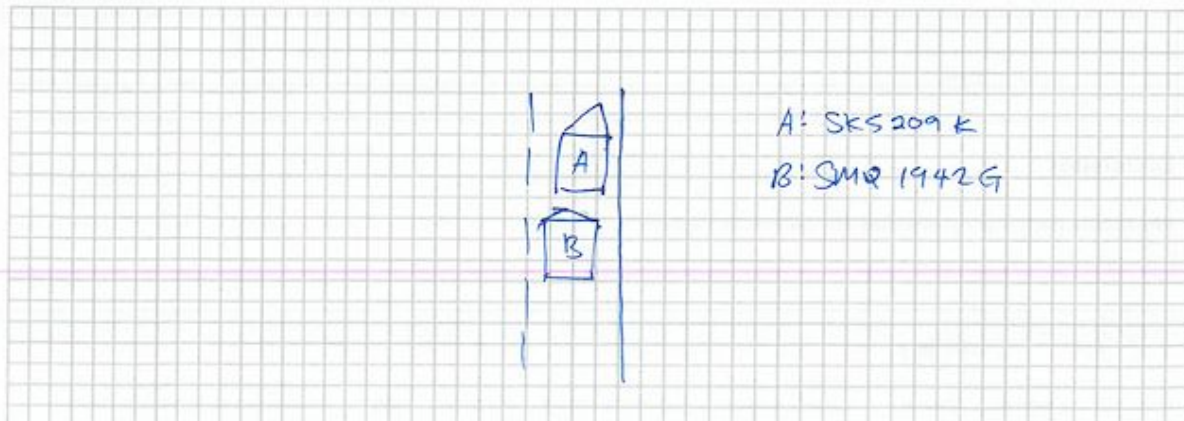
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
 (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

 21/6/21
Policyholder's Signature / Date & Time

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

 
Witnessed by Reporting Centre Personnel

Sketch Plan



Declaration

Policyholder's Signature / Date &
Time

Witnessed by Reporting Centre
Personnel





































