

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 15/07/2021 14:19 (SGT)
Date of Accident 14/07/2021 16:45 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE(TUAS SLIP RD) TWDS TUAS CHECKPOINT AT
ROUNDABOUT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBD6748S

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ENG TIONG LEE PTE LTD
Company Reg No 201437723G
Email Address hhchew.etl@gmail.com
Mobile Phone No (Phone) +65-97654879
Alternative Phone No +65-97654879

VEHICLE PARTICULARS

Manufacturer Toyota
Model Dyna
Variant -
Exact purpose for which vehicle was being used at time of
accident Employment
Are you claiming under your own insurance policy for repair to
your vehicle? Yes
Vehicle Category Commercial vehicle
Transmission Manual
CC 2982

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MCMV0001427-02
Cover Note Number 10/03/21 - 09/03/22

DRIVER

Name of Driver CHEW HOCK HWEE

NRIC No	S1507954A
Date Of Birth	21/06/1961
Occupation	Outdoor
Date Of Driving Pass	23/07/1980
Driving experience	41 YEARS
Gender	Male
Mobile Number	(Phone) +65-97654879
Alt. Phone Number	-
Email Address	hhchew.etl@gmail.com
Address	BLK 671 WOODLANDS DR. 71 #11-41
Address complement	-
Postcode	730671
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 - Change/cross lane
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 vehicle 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

I was moving in the 2nd lane at the above roundabout towards Tuas Checkpoint when car B moving at my right (lane 3) suddenly cut into my lane as he was heading towards Pioneer Road. As a result, car B left rear collided onto the front right of my vehicle. No one was injured.

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	SLG9847K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	QUAH SIAT MENG

NRIC No	S6930956I
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

1. VEHICLE NO: GBD 6748S

2. INSURER CO: India

3. ACCIDENT DATE & TIME: 14/7/21 @ 16:45

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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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



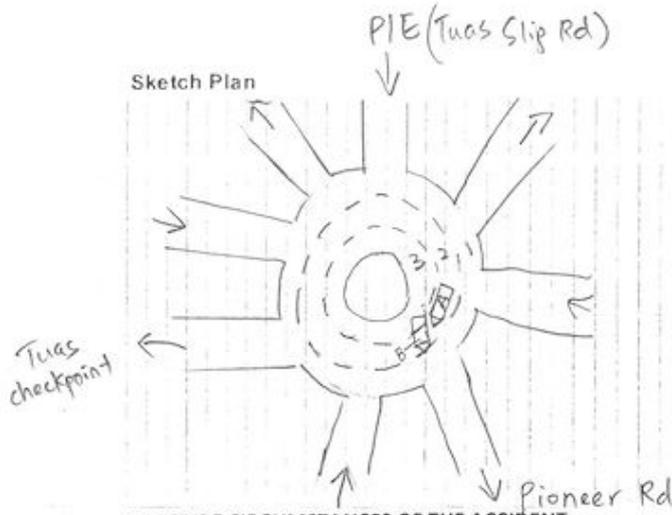
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

PLEASE
TURN
OVER



A: GBD67485
 B: SLG9847K (PHV)
 Quah Siat Meng
 S6930956I

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was moving in the 2nd lane at the above roundabout towards Tuas Checkpoint when car B moving at my right (lane 3) suddenly cut into my lane as he was heading towards Pioneer Road. As a result, car B left rear collided onto the front right of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Policyholder's Signature: _____
 Date & Time: _____



Driver's Signature: *Quell*
 (If driver is not the policyholder)
 Date & Time: _____

Reporting Centre Personnel's Signature: _____
 Name: _____
 NRIC/FIN No.: (Y5) _____

- Claim Own Policy Claim Third Party Reporting Only
 Claim OD/TP at other workshop (_____)



