

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 16:14 (SGT)
Date of Accident 14/07/2021 16:40 (SGT)
Exact Location of Accident Tuas Rd, Singapore
Additional Location Information TUAS ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLG9847K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner QUAH SIAT MENG
NRIC No SXXXX956I
Email Address QUAHSIMON@YAHOO.COM.SG
Mobile Phone No (Phone) +65-90072643
Alternative Phone No +65-90072643

VEHICLE PARTICULARS

Manufacturer Honda
Model Hr-v
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 - Claiming third party
Vehicle Category Private hire
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5119245023
Cover Note Number -

DRIVER

Name of Driver QUAH SIAT MENG
NRIC No SXXXX956I

Date Of Birth	01/10/1969
Occupation	Outdoor
Date Of Driving Pass	11/01/1991
Driving experience	30 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90072643
Alt. Phone Number	+65-90072643
Email Address	QUAHSIMON@YAHOO.COM.SG
Address	129 PASIR RIS GROVE #08-11
Address complement	-
Postcode	518179
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 - 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

ON THE MENTIONED DATE AND TIME, I WAS DRIVING ACCORDINGLY IN MY LANE, SUDDENLY I FELT AN IMPACT ON THE REAR, UPON CHECKING, IT WAS GBD6748S THAT HIT ONTO THE REAR LEFT FENDER OF MY CAR. THE COLLISION WAS RECORDED IN MY REAR CAR CAMERA. NO BODY WAS INJURED IN THIS ACCIDENT.

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	GBD6748S
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHEW HOCK HWEE
NRIC No	SXXXX954A

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 firms/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 firms/law firms) which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Time: 15/7/2021 2:30pm

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

& Time: 15/7/2021 2:30pm



Witnessed By Reporting Centre Personnel

Sketch Plan

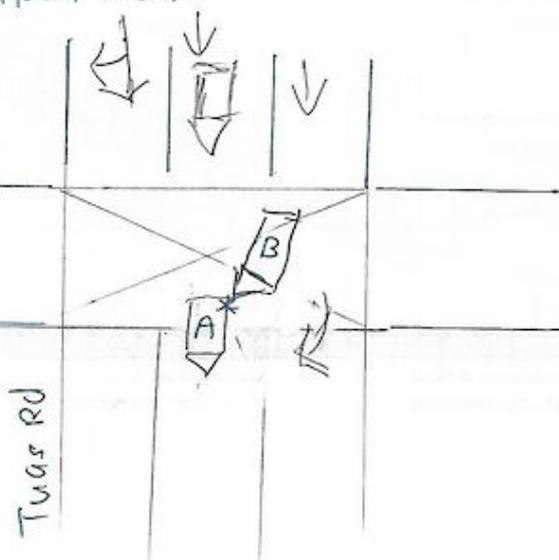
A: SLG 9847K

B: GBD 6748S

Date: 14/7/21

Time: 1640hr

Refer to video footage and scene photo.



Describe Circumstances of the Accident

On the mentioned date and time I was driving accordingly in my lane, suddenly I felt an impact on the rear, upon checking it was GBD 67485 that hit onto the rear left fender of my car. The collision was recorded in my rear car camera. Nobody was injured in this accident.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

15/7/21 2:30pm



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

15/7/21 2:30pm



Witnessed by Reporting Centre Personnel











































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: S66SS0020G / 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 : SJOB217F0002 Vehicle Registration No: SLG9847K
 Name (as shown in NRIC) : QUAH SIAT MENG NRIC/FIN/Passport No : SXXXX956I
 (*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate
~~XXXXXXXX~~
 Address : 129 PASIR RIS GROVE #08-11 Singapore (518179)
 Contact (Tel) : 90072643 Mobile No. : 90072643
 Email Address : QUAHSIMON@YAHOO.COM.SG
 Date of Accident : 14/07/2021 Time of Accident : 16:40
 Place of Accident : TUAS ROAD
 Insurance Company: NTUC Income Insurance Co-operative Ltd

(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:

THE MODEL OF SLG9847K IS HONDA HRV

Policyholder / Driver's Signature
 Date:


 Reporting Centre Personnel's Signature
 Name: JOUIS
 NRIC/FIN No.:
 Date: 15/7/2021