

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 19/07/2021 18:12 (SGT)
Date of Accident 18/07/2021 21:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information SENTOSA GANTRY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ9049H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner GD CARZ
Company Reg No 53122597J
Email Address PETERLEOW66@HOTMAIL.COM
Mobile Phone No (Phone) +65-98804444
Alternative Phone No +65-98804444

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number 5111925837-01-000039
Cover Note Number -

DRIVER

Name of Driver LEOW KIM SOON
NRIC No S1782434A

Date Of Birth	17/03/1966
Occupation	Outdoor
Date Of Driving Pass	02/07/1991
Driving experience	30 YEARS
Gender	Male
Mobile Number	(Phone) +65-82986007
Alt. Phone Number	-
Email Address	PETERLEOW66@HOTMAIL.COM
Address	BLK 311C CLEMENTI AVENUE 4 #38-185
Address complement	-
Postcode	123311
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

THIRD PARTY REVERSED AND HIT INSURED VEHICLE.

I WAS DRIVING ALONG SENTOSA GANTRY ON 18.7.2021 AT 2140 HOURS. VEHICLE B REVERSE SUDDENLY. I HORN TO ALERT BUT HE STILL REVERSE AND HIT ONTO FRONT PORTION OF MY VEHICLE.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE TOO BIG, TO GET FROM DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA2912E
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	OH CHUAN TIONG
NRIC No	S1300891D
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEOW KIM SOON
Address	BLK 311C CLEMENTI AVENUE 4 #38-185
Address Complement	-
Post Code	123311
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ9049H
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

I agreed to email
the GIA report to
huameng@live.com.sg
Chen

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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;

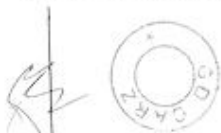
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



Policyholder's Signature / Date & Time

Chen

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

19/11/2021 5.25p

Chen

Witnessed by Reporting Centre Personnel

Sketch Plan

A = SMQ 9049H

B = SHA 2912 E

Garage





Describe Circumstances of the Accident

I was driving along Sentosa Gantry on 18.07.2021 @ 2140 hours Vehicle B reverse suddenly, I horn to alert, but he still reverse and hit onto front portion of my vehicle

Declaration

We declare the foregoing particulars are true in every respect.

x 
Policyholder's Signature / Date & Time


Driver's Signature (If driver is not the policyholder) / Date & Time
19/7/2021
5:25p


Witnessed by Reporting Centre Personnel





