

# 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 .....	14/06/2021 15:05 (SGT)
Date of Accident .....	12/06/2021 14:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	SUMANG LINK TURNING LEFT TO SENTUL CRESCENT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN8170Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN TIN WEE
NRIC No .....	SXXXX533Z
Email Address .....	TINWEE@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96640347
Alternative Phone No .....	+65-96640347

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	C180
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 .....	1595

### INSURANCE COMPANY

Name of Insurance Company .....	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	MT/00823799
Cover Note Number .....	-

### DRIVER

Name of Driver .....	TAN TIN WEE
NRIC No .....	SXXXX533Z

Date Of Birth .....	01/01/1962
Occupation .....	Indoor
Date Of Driving Pass .....	22/06/1979
Driving experience .....	42 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96640347
Alt. Phone Number .....	+65-96640347
Email Address .....	TINWEE@GMAIL.COM
Address .....	7 ONE-NORTH GATEWAY
Address complement .....	#11-23
Postcode .....	138642
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 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 .....	SEE MENG HONG
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

REFER TO SKETCH PLAN.

#### 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 .....	XE3693U
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	Yellow
Vehicle Category .....	Commercial vehicle

Name of Driver .....	SITHAIAH SAKTHIVEL
Work Permit No .....	GXXXX881R
Contact Number .....	(Phone) +65-828408321
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	AXA Insurance Pte Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN

VEHICLE NO: *SUN 8170 Z*  
 DATE OF ACCIDENT: *12/6/2021*  
*@ 1430 hrs*

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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.

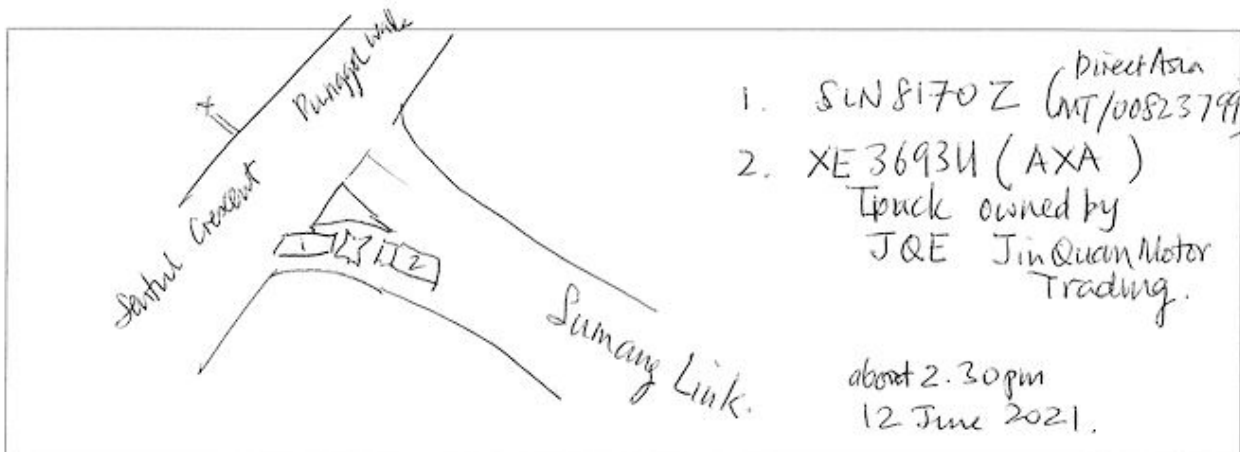
*Tan... 14 Jun'21*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan



Describe Circumstances of the Accident

VEHICLE NO:

SLN 8170Z

DATE OF ACCIDENT:

12 Jun 2021

At 230 pm. I was driving along Sumang Link turning left into Sentul Crescent along filter lane.

I stopped at the filter lane to allow cars along Punggol Walk going to Sentul Crescent to pass.

I was then hit in the rear by the truck XE 3693 U driven by Mr Sithaiah Sakthivel. 03272132-(SPass) of Jin Quan Motor Trading, a Nissan Diesel UD who failed to stop in time. The left corner of his truck hit my bumper and rear boot cover and broke left rear lights as shown in the photo. The corner of his truck is hardly damaged as the contact was very light. However my Mercedes C180 rear was badly damaged.

REPORTING ONLY ( )      OWN DAMAGE ( )      THIRD PARTY ☒      OWN WORKSHOP ( )

**Declaration** NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

*Lantille* 14 Jun 21

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel





































**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No: SCIP216E001 Vehicle Registration No: SLN 8170Z  
 Name (as shown in NRIC): TAN TIN WEE NRIC/FIN/Passport No: 1484533Z  
 (\*Vehicle Driver/Vehicle Owner) (\*) Please delete as appropriate  
 Address: 7 ONE NORTH GATEWAY #11-23 Singapore 138842  
 Contact (Tel): \_\_\_\_\_ Mobile No.: 96640347  
 Email Address: TINWEE@GMAIL.COM  
 Date of Accident: 12/6/2021 Time of Accident: 14:30  
 Place of Accident: SUMANG LINK TURNING LEFT TO SENTUL CRESCENT  
 Insurance Company: DIRECT ASIA (S) PTE 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:

TO AMEND:

REVERT TO OWN DAMAGE CLAIM

To amend back to Third Party Claim

Policyholder / Driver's Signature  
 Date: 11 August, 2021

Reporting Centre Personnel's Signature  
 Name: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_  
 Date: \_\_\_\_\_



# Accident Toolkit

## Exchange of particulars

Direct Asia  
MT/00823799.

### Other vehicle/Driver details

1. Vehicle No.:	XE 3693 U
2. Car Make/Model/Type/Colour:	Nissan Diesel UD Truck
3. Driver Name:	Sithaiah Sakthivel
4. NRIC/Passport/Other ID No.:	0 3272132 (SPass) G7468881R (FIN)
5. Driver Licence No.:	G7468881R (class 3 and 4)
6. Tel No.:	JQE 90608676 / 96270050 (his boss) / 82840832 (Sithaiah)
7. Address:	Jin Quan Motor Trading
8. Insurance Company Name/Policy No.:	AXA.

### Other vehicle/Driver details

1. Vehicle No.:	
2. Car Make/Model/Type/Colour:	
3. Driver Name:	N.A.
4. NRIC/Passport/Other ID No.:	
5. Driver Licence No.:	
6. Tel No.:	
7. Address:	
8. Insurance Company Name/Policy No.:	

### Witness details

1. Name:	
2. NRIC/Passport/Other ID No.:	
3. Tel No.:	
4. Address:	
5. Witness Type:	
Own passenger ( )	Pedestrian ( )
Other passenger ( )	Others ( ) (Please specify)

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asia

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Call us direct

Customer Care  
6665 5555

Claims Support 24/7 Hotline  
6532 1818

+65 8404 5499 (From overseas)