

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 11/09/2021 12:08 (SGT)
Date of Accident 11/09/2021 09:45 (SGT)
Exact Location of Accident Near 247 Jln Ahmad Ibrahim, 629145 Jln. Ahmad Ibrahim, Singapore 629145
Additional Location Information SLIP RD FROM PIONEER RD NORTH TO AYE(CITY)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJT9411P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TEO EE LING
NRIC No S7829794H
Email Address GNILEE@GMAIL.COM
Mobile Phone No (Phone) +65-98172662
Alternative Phone No (Home) +65-98172662

VEHICLE PARTICULARS

Manufacturer Daihatsu
Model Terios
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 1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10555564R00
Cover Note Number -

DRIVER

Name of Driver TEO EE LING

NRIC No	S7829794H
Date Of Birth	10/10/1978
Occupation	Indoor
Date Of Driving Pass	01/09/2000
Driving experience	21 YEARS
Gender	Female
Mobile Number	(Phone) +65-98172662
Alt. Phone Number	(Home) +65-98172662
Email Address	GNILEE@GMAIL.COM
Address	914 JURONG WEST ST 91 #08-208
Address complement	-
Postcode	640914
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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	ISABEL ONG LI QI
Gender	Female

PASSENGER 2

Name	SEAH
Gender	Female

PASSENGER 3

Name	TEO
Gender	Female

PASSENGER 4

Name	KANG
Gender	Male

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 ACCIDENT REPORT

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	GBK4160M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	(Phone) +65-91072913
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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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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

VEH A : SJT 9411P

VEH B : GBK 4160M

Describe Circumstances of the Accident

On the stated date / time, I was travelling on the stated venue -
As I was checking for on-coming traffic, I stopped at the "give way"
line. Moments later, veh B (66K 4160M) could not stop in time and hit onto
me, causing damages.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

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: S66550020G / 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 : SV0E219B0002 Vehicle Registration No: SJT9411P
Name (as shown in NRIC) : TEO EE LING NRIC/FIN/Passport No : SXXXX794H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 914 JURONG WEST ST 91 #08-208 Singapore (640914)
Contact (Tel) : _____ Mobile No. : 98172662
Email Address : GNILEE@GMAIL.COM
Date of Accident : 11/09/2021 Time of Accident : 09:45
Place of Accident : SLIP RD FROM PIONEER RD NORTH TO AYE (CITY)
Insurance Company : Auto & General Insurance (Singapore) Pte. Limited.

(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 Passenger 1 details : Isabel Ong Li Qi (T0814935B)

Policyholder / Driver's Signature
Date:



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