

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	07/10/2021 13:45 (SGT)
Date of Accident	06/10/2021 16:50 (SGT)
Exact Location of Accident	Lor 2 Toa Payoh, Singapore
Additional Location Information	AT T JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS6912K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN TENG GEOK
NRIC No	S8715178F
Email Address	tinge320@gmail.com
Mobile Phone No	(Phone) +65-91075187
Alternative Phone No	+65-91075187

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1400

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00835451
Cover Note Number	-

DRIVER

Name of Driver	TAN TENG GEOK
NRIC No	S8715178F

Date Of Birth	14/05/1987
Occupation	Indoor
Date Of Driving Pass	29/01/2007
Driving experience	14 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91075187
Alt. Phone Number	+65-91075187
Email Address	tinge320@gmail.com
Address	BLK 26 PASIR RIS LINK #12-20
Address complement	-
Postcode	518145
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 - Major/Minor Rd
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)	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

REFER TO THE REPORT ATTACHED- SULENG
PROGRESSIVE CAR CARE PTE LTD- 6741-5336

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	SHD3711X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	TAN GEOK KIAM, DAVID
NRIC No	S1259217E
Contact Number	-

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

PASSENGER 1

Name -
Gender -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN TENG GEOK
Gender	Female
Phone No	(Phone) +65-91075187
Address	BLK 26 PASIR RIS LINK #12-02
Address Complement	-
Post Code	518145
Approximate Age Years Old	-
Injuries Sustained	HAVE YET TO SEEN DOCTOR
Injured person in which vehicle?	SJS6912K
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

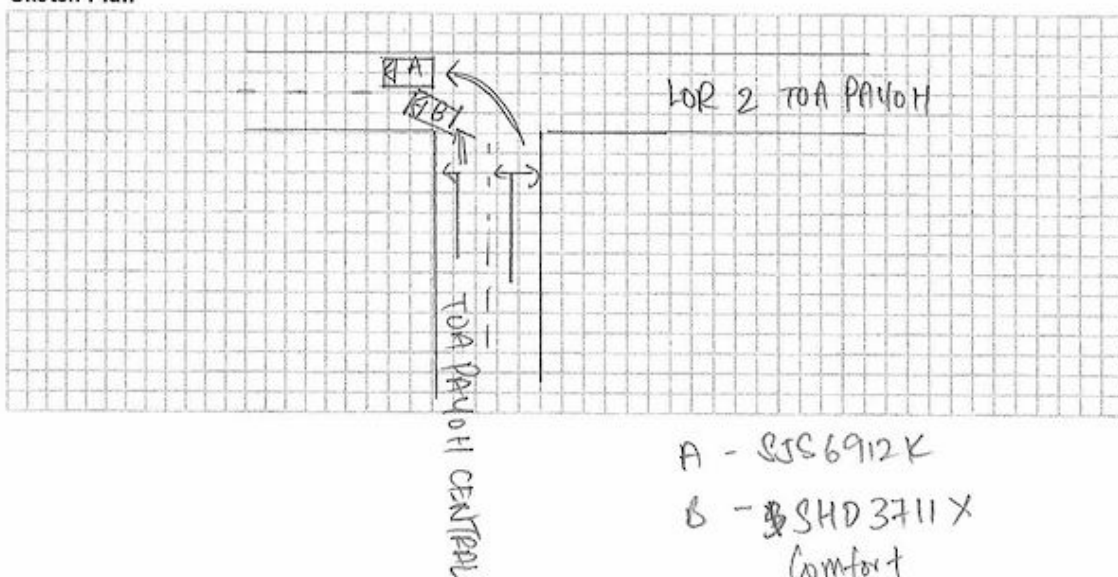
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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.

[Signature] 7/10/21
Policyholder's Signature / Date & Time
11.11am

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

[Signature] 07/10/21
Witnessed by Reporting Centre Personnel

Sketch Plan




Describe Circumstances of the Accident

I was turning left on the outer lane at the T-junction of Toa Payoh Central and Lor 2 Toa Payoh when comfort taxi SHD 3711X drove and bang into the left side of my car suddenly.

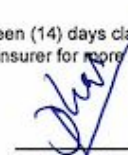
Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 7/10/21
Policyholder's Signature / Date & Time
11.11am.

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: SP0U21A 70002 Vehicle Registration No: SJS6912K
 Name (as shown in NRIC): Tan Teng Geok NRIC/FIN/Passport No: SXXXX 178F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: B/26 Posi Ris Link #12-02 Singapore (518145)
 Contact (Tel): _____ Mobile No.: 91075187
 Email Address: tinge32@gmail.com
 Date of Accident: 6/10/21 Time of Accident: 1650
 Place of Accident: Lorong 2 Pua Payoh
 Insurance Company: Direct Asia.

(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 indicate there is injury after accident.
Have yet to seen doctor.

[Signature]
 Policyholder / Driver's Signature
 Date: 8/10/21

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

GIARMC Addendum Form