

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 14/10/2021 14:13 (SGT)
Date of Accident 14/10/2021 08:10 (SGT)
Exact Location of Accident Singapore
Additional Location Information TAMPINES STREET 92
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLA639K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner GAN TIEN CHIEH
NRIC No SXXXX012B
Email Address TIENCHIEHGAN@GMAIL.COM
Mobile Phone No (Phone) +65-90010238
Alternative Phone No +65-90010238

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1797

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 21-MR005227-R01
Cover Note Number -

DRIVER

Name of Driver GAN TIEN CHIEH
NRIC No SXXXX012B

Date Of Birth	22/08/1966
Occupation	Outdoor
Date Of Driving Pass	22/04/2003
Driving experience	18 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90010238
Alt. Phone Number	+65-90010238
Email Address	TIENCHIEHGAN@GMAIL.COM
Address	BLK 286 CHOA CHU KANG AVE 3 #12-314
Address complement	-
Postcode	680286
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	Side Swipe
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	YU CHIN PENG
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 ATTACHED 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	GW8061S
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle

Name of Driver	RAMLEE BIN RAHMAT
NRIC No	SXXXX332H
Contact Number	(Phone) +65-94783300
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

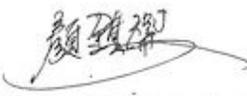
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' 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.

 14/10/21

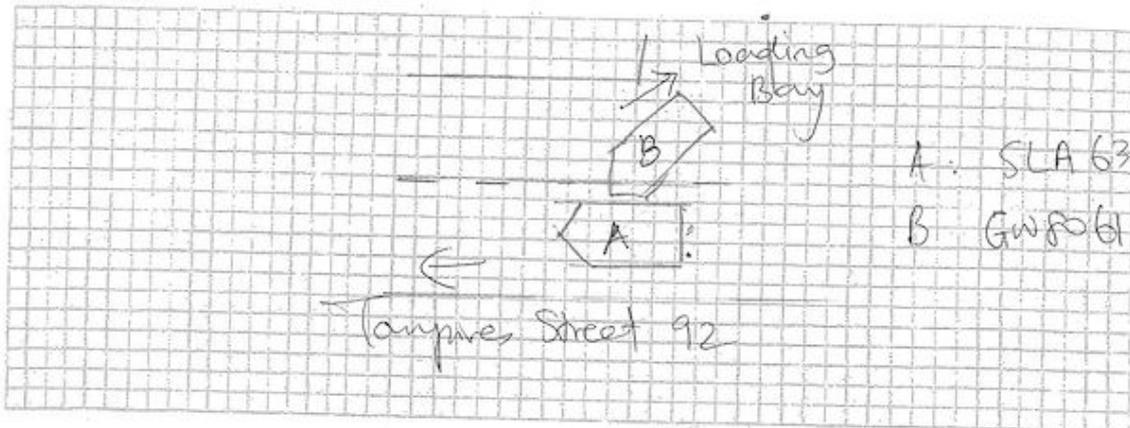
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



A: SLA 639K
 B: GW8081S

Describe Circumstances of the Accident

I was driving straight along Tampines Street 92 this morning when suddenly a van (No. GW80615) was reversing into the loading bay opposite and did not see my oncoming car. This van head hit the side of my car (No. SLA 639K)

The van driver came down and ^{he} exchanged details with me and has admitted to the ^{error} in accident fault by signing the note attached

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

14/10/21
10.30am

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



Witnessed by Reporting Centre Personnel













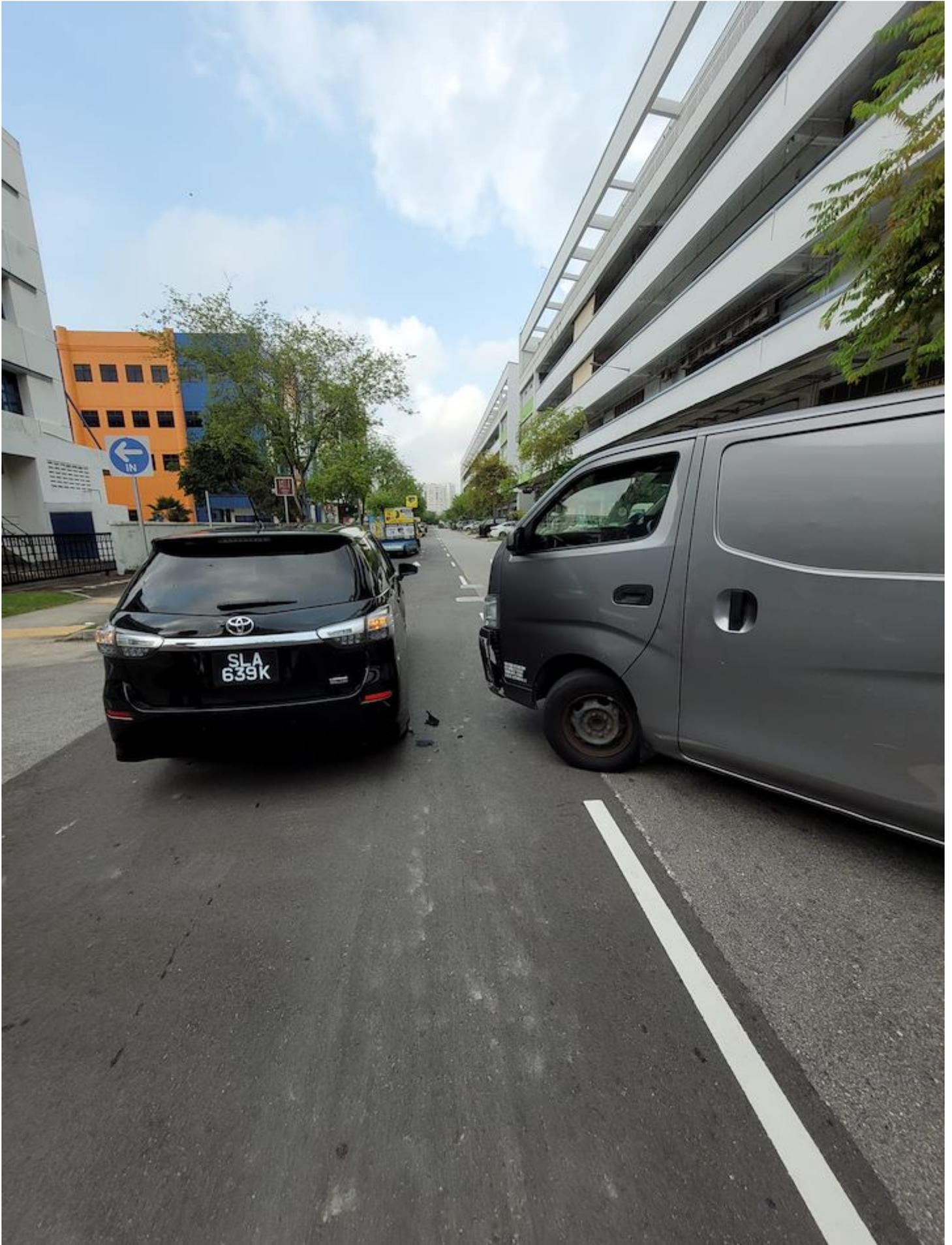


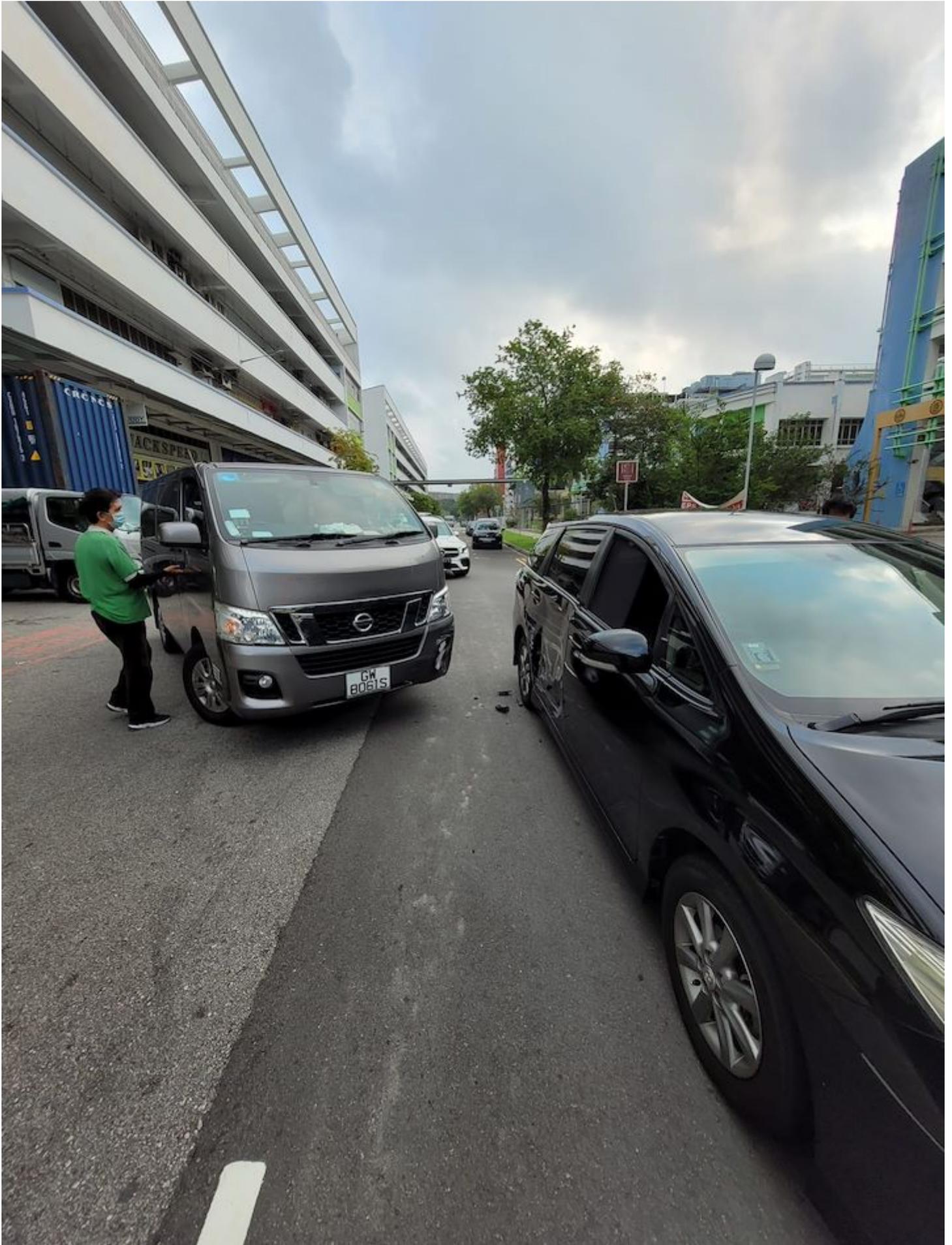


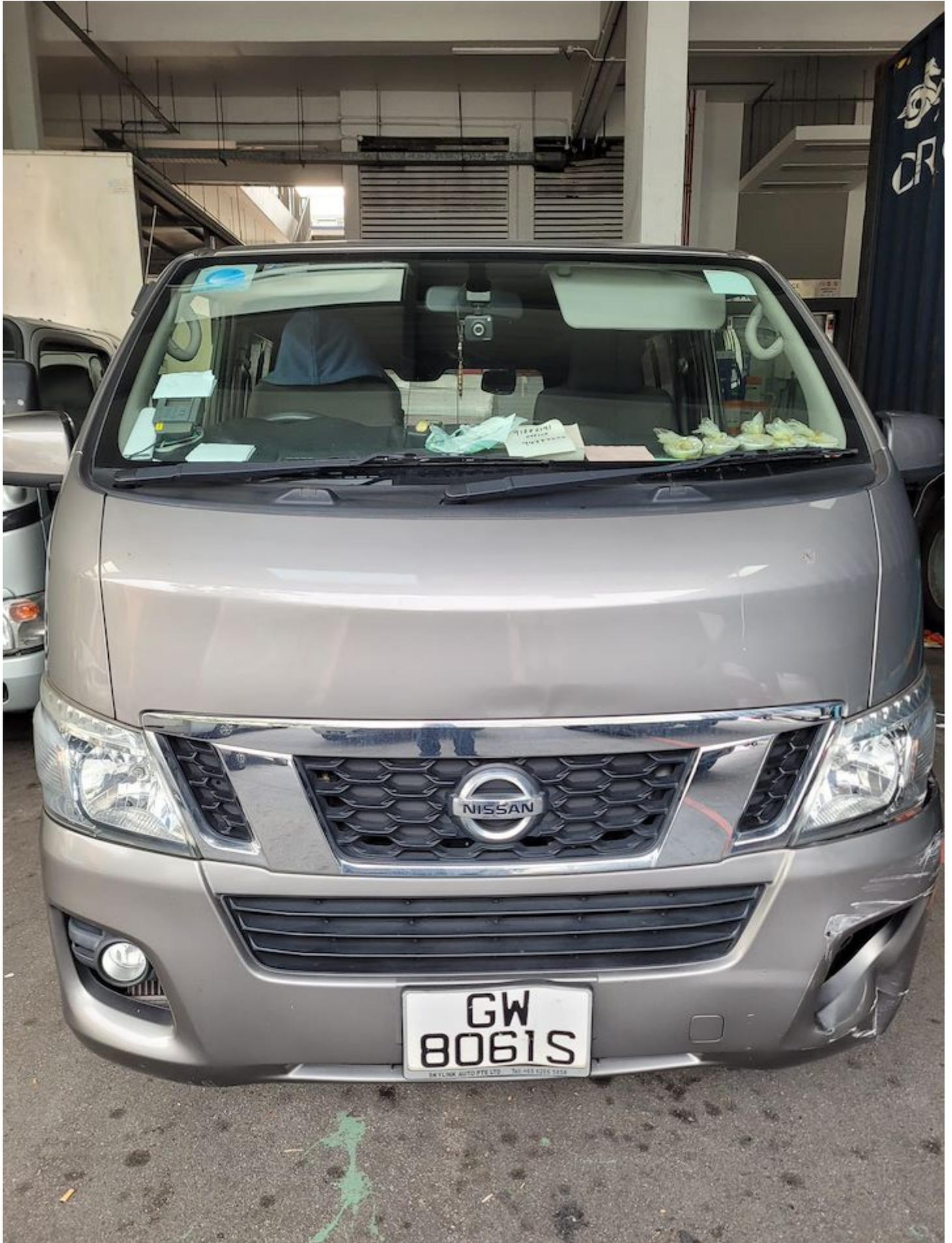




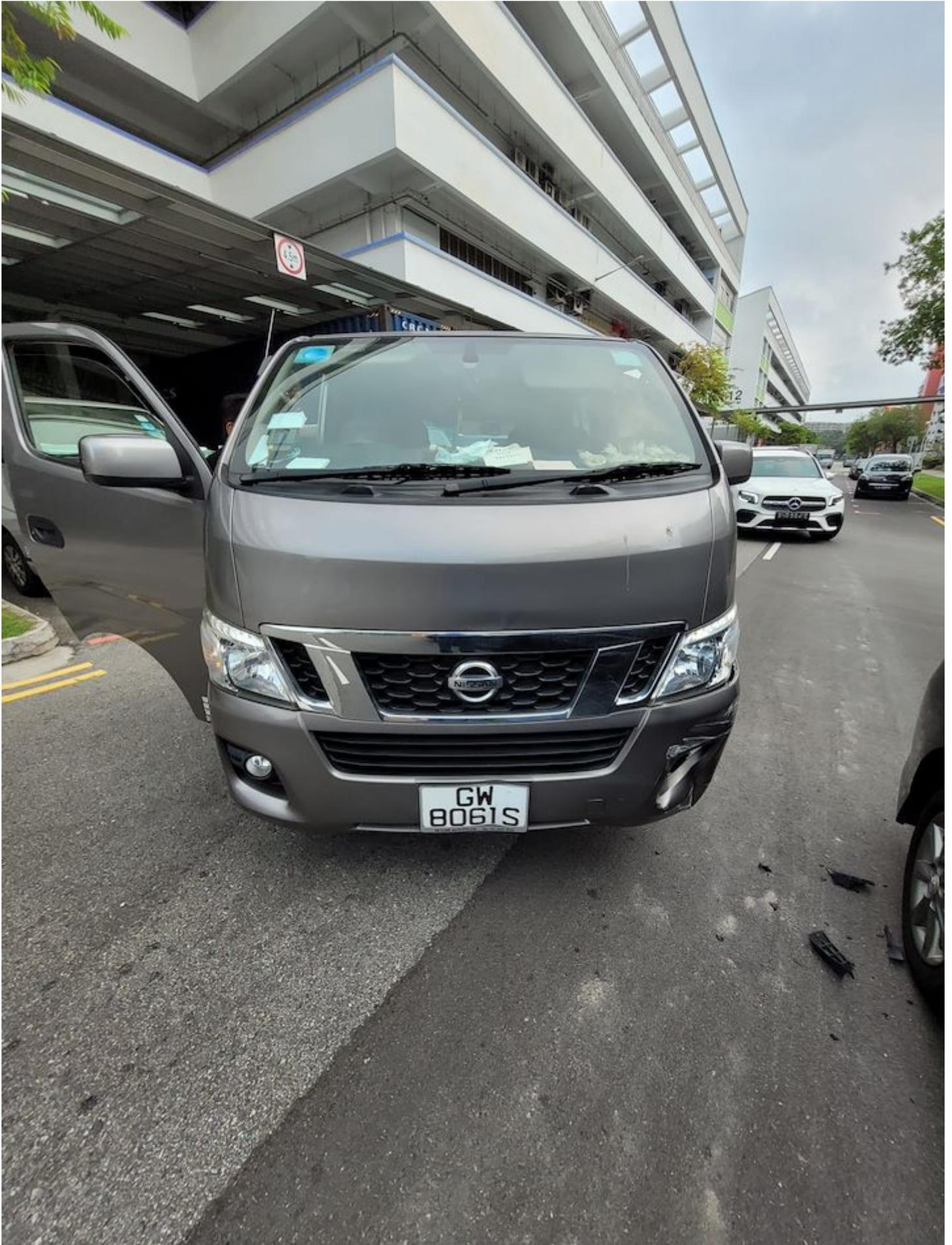












On 14/10/2021

Around 8-10 am, vehicle: GW 8061S right lane hit
SLA 639K left lane at Tampines Street 92.

Details as per photo attached.

MR RAMLEE BIN RAHMAT REVERSE NOT SEE
SLA 639K MR RAMLEE WAS WRONG

~~Signature~~

Signature

Owner:

GW 8061S

Ramlee Bin Rahmat

I/c: 500 6633 24

TEL: 94783300

Signature

Owner:

SLA 639K

Gan Tian Chieh

I/c: 276 9012 13

TEL: 90010238

~~Signature~~

