

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 01/11/2021 18:04 (SGT)
Date of Accident 31/10/2021 12:00 (SGT)
Exact Location of Accident Queensway & Commonwealth Avenue, Singapore
Additional Location Information BETWEEN THE JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF311S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SHIWEI
NRIC No SXXXX632E
Email Address tshiwei@hotmail.com
Mobile Phone No (Phone) +65-91299630
Alternative Phone No +65-91299630

VEHICLE PARTICULARS

Manufacturer BMW
Model X1
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 1499

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00976053
Cover Note Number -

DRIVER

Name of Driver TAN SHIWEI
NRIC No SXXXX632E

Date Of Birth	11/03/1984
Occupation	Indoor
Date Of Driving Pass	28/05/2012
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91299630
Alt. Phone Number	+65-91299630
Email Address	tshiwei@hotmail.com
Address	303 ANG MO KIO AVENUE 1 #05-1121
Address complement	-
Postcode	S560303
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM YUAN YI
Gender	Female

PASSENGER 2

Name	FAN PEIYI
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 ATTACHED SKETCH PLAN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBM17K
Vehicle Manufacturer	Porsche

Vehicle Model	Macan
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DANIEL YAP SOON
NRIC No	SXXXX214C
Contact Number	(Phone) +65-90703033
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	FRONT DAMAGE
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	LIM YUAN YI
Phone	(Phone) +65-97888340
Email	-


WITNESS 2

Name	FAN PEI YI
Phone	(Phone) +65-92356201
Email	-

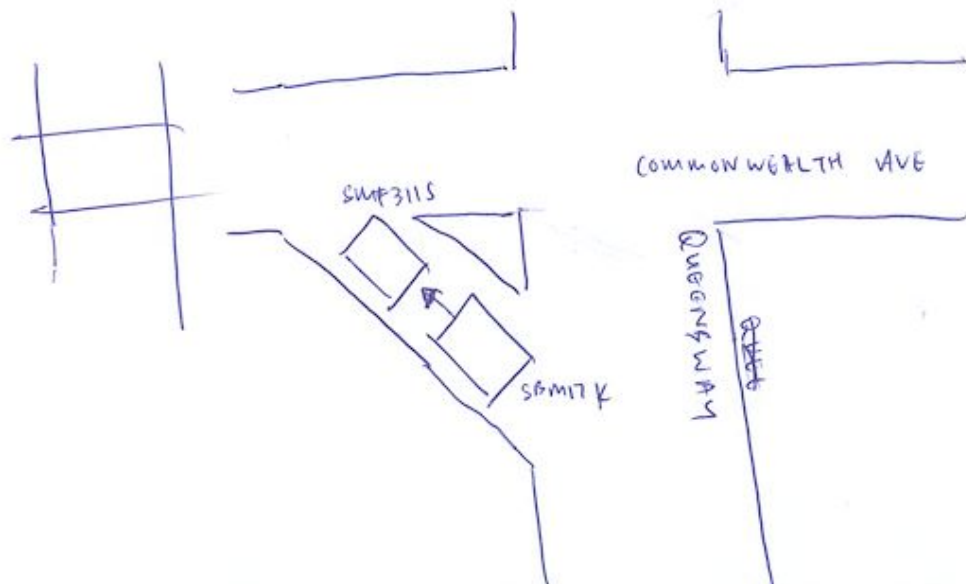
SKETCH PLAN**IMPORTANT NOTICE**

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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
11/11/2021


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


Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident


I was travelling to Bukit Merah via Queensway with 2 friends in the car. Upon reaching the cross junction @ Commonwealth Ave, I had to filter left. There is a stop line and there were oncoming traffic and a bicycle, hence I had stop before the stop line. #

However, the vehicle ~~behind~~ ~~just~~ behind did not stop and collided with my rear. Causing the damages to my ~~rear~~ car. The rear is badly damage and the collision caused the car to move forward and result in slight damage to the front bumper. The car was not able to move and had to be towed to workshop.

Declaration

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

 1/11/2021
Policyholder's Signature / Date & Time

 1/11/2021
Driver's Signature (# driver is not the policyholder) / Date & Time

 1/11/21
12:25
Witnessed by Reporting Centre Personnel

























