

# 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 ..... 01/04/2022 15:49 (SGT)  
Date of Accident ..... 31/03/2022 18:30 (SGT)  
Exact Location of Accident ..... Near 212 Punggol Walk, Singapore 822209  
Additional Location Information ..... TPE before exit 10  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMY581D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... Thoo Jee Shen  
NRIC No ..... S9675657G  
Email Address ..... sloveh510@gmail.com  
Mobile Phone No ..... (Phone) +65-98279156  
Alternative Phone No ..... +65-98279156

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Noah  
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? ..... Yes  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1797

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... D22MPC0002118  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... Thoo Jee Shen  
NRIC No ..... S9675657G

Date Of Birth .....	26/12/1996
Occupation .....	Indoor
Date Of Driving Pass .....	12/07/2017
Driving experience .....	4 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98279156
Alt. Phone Number .....	+65-98279156
Email Address .....	sloveh510@gmail.com
Address .....	Block 701 Hougang Avenue 2
Address complement .....	#02-05
Postcode .....	530701
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) .....	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

On 31/03/2022 at about 1830hrs, I was driving my vehicle (A: SMY581D) on the first lane along with TPE before exit 10. Suddenly, a vehicle (B: SLR6082L) make an emergency stop and I immediately applied my brake to avoid the collision but to no avail. Thus, my vehicle's front portion hit the rear portion of vehicle B. Nobody was injured in this accident.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLR6082L
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	Pulsar
Vehicle Variant .....	-
Vehicle Colour .....	Purple
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	(Phone) +65-96233328

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.

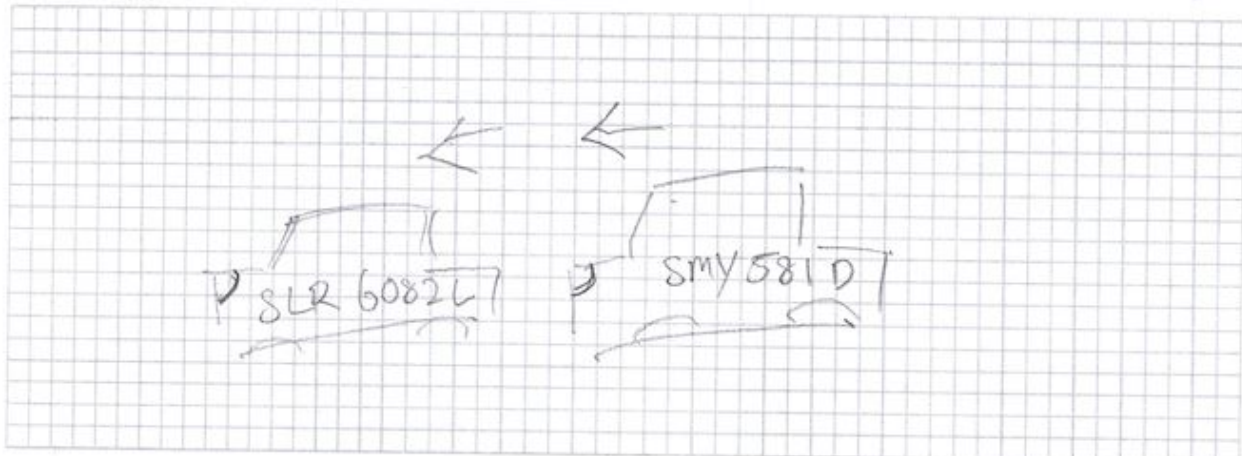
Policyholder's Signature / Date & Time

Sketch Plan

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

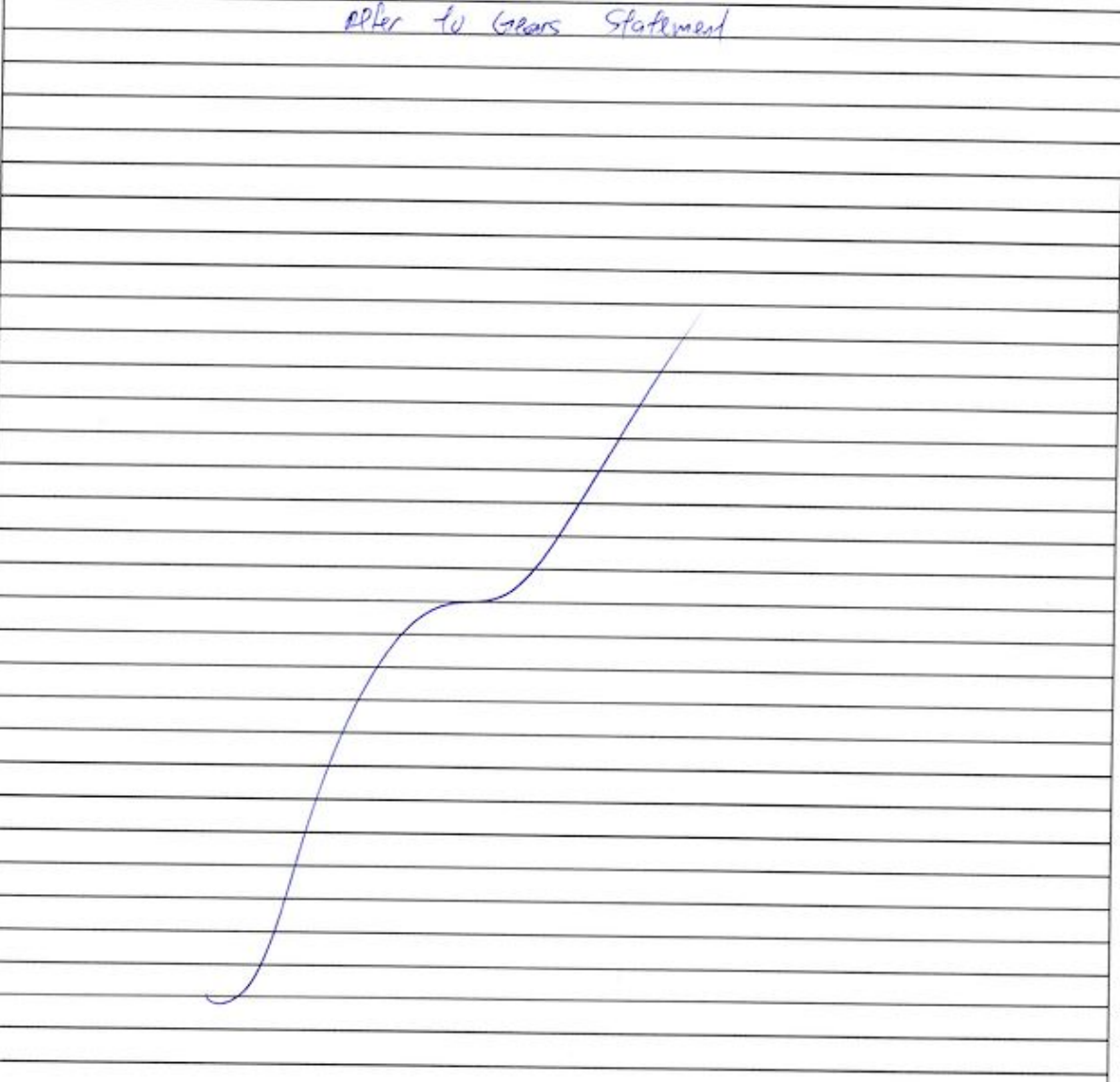
Witnessed by Reporting Centre Personnel

Personnel / Lam Wai Shung



**Describe Circumstances of the Accident**

*Refer to Gears Statement*



Note : Please note that your insurer may have 14 days' time frame for you to submit an own damage claim under your own policy, please check your policy for more information.

Please state : ☐ Claim Own Damaged / Third Party at TLM ☒ Claim Own Damaged / Third Party at other workshop ☐ Reporting Only

**Declaration**

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*01/04/2021 15:30h*

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

Witnessed by Reporting Centre Personnel

*Lam Wei Shing*





















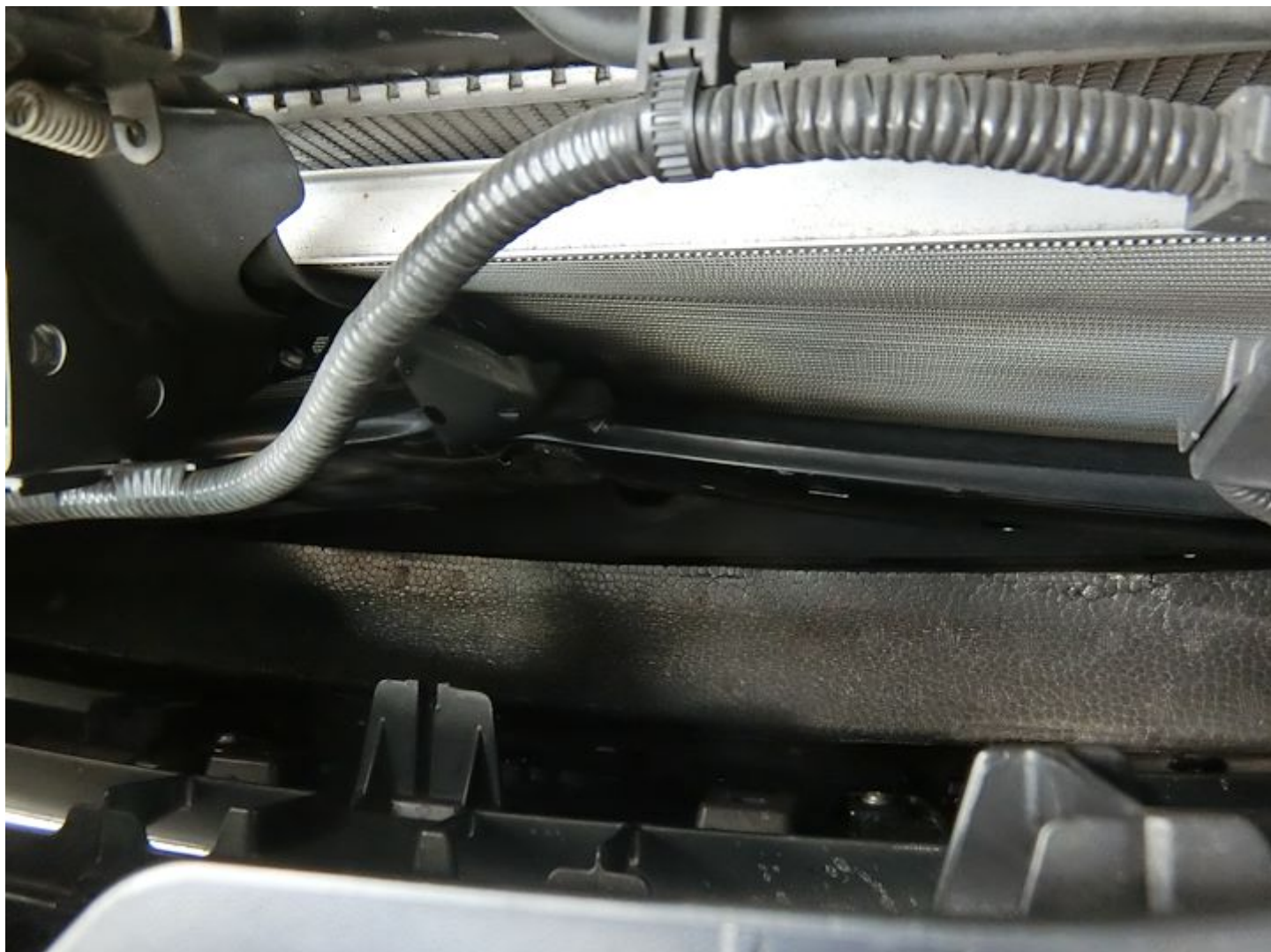




















**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

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

Original Report No: ST0J 224/0002 Vehicle Registration No: SMY 581D  
 Name (as shown in NRIC): Thaw Jee Shen NRIC/FIN/Passport No: S 96756570  
 (\*~~Vehicle Driver~~/Vehicle Owner) (\*) Please delete as appropriate  
 Address: Block 701 Housen Avenue 2 #102-03 Singapore (530701)  
 Contact (Tel): - Mobile No.: 9827 9156  
 Email Address: s10vph 510@gmail.com  
 Date of Accident: 3/10/2022 Time of Accident: 1830h  
 Place of Accident: TPE before exit 10  
 Insurance Company: India International Insurance

**(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:

The policyholder name is Thaw Jee Shen  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Policyholder / Driver's Signature  
 Date:

Reporting Centre Personnel's Signature  
 Name: Can Wei Shun  
 NRIC/FIN No.: 5704  
 Date: 02/10/2022