



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 Actual 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	18/08/2022 09:20 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 07:05 (SGT)
Exact Location of Accident	Near Ang Mo Kio Ave 1, Singapore
Additional Location Information	Along Ang Mo Kio Ave 1 towards Marymount Rd.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM8855A
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	Tan Chee Tong
NRIC No	S2534436G
Email Address	hupmotor@gmail.com
Mobile Phone No	(Phone) +65-91405945
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Cerato
Variant	Saloon
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	1591

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D21MPC0003591_01

DRIVER

Name of Driver	Tan Jun Han
NRIC No	S9270314B

Date Of Driving Pass	28/08/2012
Driving experience	10 YEARS
Gender	Male
Mobile Number	(Phone) +65-88552992
Alt. Phone Number	-
Email Address	junhan_92@hotmail.com
Address	Blk 231 Ang Mo Kio Ave 3
Address complement	#02-1240
Postcode	560231
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	Tan Chee Tong
Gender	Male

PASSENGER 2

Name	Chew Kwi Mey
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

Kindly refer to Sketch Plan attached.

ATTACHMENT(S)

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

Vehicle Registration Number	SLJ3486S
Vehicle Manufacturer	Toyota
Vehicle Model	Wish
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Tay Swee Keong, Alvin
NRIC No	S7711782B
Contact Number	(Phone) +65-81827588
Address	2 Bishan Street 25
Address complement	#25-06
Postcode	573973
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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
(Name as in NRIC/ID card)

Sketch Plan

A - SHM 8855 A

B - SAT 3486 P

ACC. NO. K70 AVE /

17/04/2007

Describe Circumstance of the Accident

ON 17th AUGUST 2022 at around 0705 HOURS, I WAS DRIVING ALONG ANG MO KIO AVENUE 1 ON THE MOST RIGHT LANE PLANNING TO TURN RIGHT TOWARDS MARYMOUNT ROAD.

WHILE REACHING NEAR TO THE TRAFFIC LIGHT, VEHICLE B WHICH WAS STATIONARY AT THAT TIME FILTERED OUT TO MY LANE WHICH IN TURN CAUSING HIS FRONT RIGHT BUMPER CAME INTO CONTACT WITH MY VEHICLE ALONG THE REAR PASSENGER SIDE.

IT WAS NOT RAINING AT THAT POINT OF TIME AND I HAVE ALSO SUBMITTED THE VIDEO RECORDING OF THE MENTIONED INCIDENT AS EVIDENCE.

You had been advised by workshop that in the event that you wish to claims against your own policy (OD Claims), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time frame from the day of occurrence.

Reporting Only	
Claims OD	
Claims TP	
Claims OD / TP at other Workshop	✓

Declaration

I/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
(Name as in NRIC/ID card)