

# 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 ..... 26/09/2022 12:10 (SGT)  
Reported by ..... Both  
Date of Accident ..... 25/09/2022 14:10 (SGT)  
Exact Location of Accident ..... 637 Bukit Batok Central, Block 637, Singapore 650637  
Additional Location Information ..... OPEN SPACE CAR PARK LOT 24  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMT45L

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YONG SU FUN  
NRIC No ..... SXXXX632I  
Email Address ..... winson\_tingwei@hotmail.com  
Mobile Phone No ..... (Phone) +65-90082808  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Alphard  
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 ..... 2494

### INSURANCE COMPANY

Name of Insurance Company ..... Tokio Marine Insurance Singapore Ltd  
Policy Number / Cover Note Number ..... 22-MQ000555-R01

### DRIVER

Name of Driver ..... ANG LAI CHUAN  
NRIC No ..... SXXXX912A  
Date Of Birth ..... 30/10/1970  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/03/1995
Driving experience .....	27 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90025112
Alt. Phone Number .....	-
Email Address .....	winson_tingwei@hotmail.com
Address .....	BLK 690D CHOA CHU KANGCRESCENT #10-68
Address complement .....	-
Postcode .....	684690
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	Hit and run / Vandalism / Damaged whilst parked
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) .....	0
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 .....	-

#### 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

PLEASE REFER TO SKETCH PLAN

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SJQ6442K
Vehicle Manufacturer .....	Chevrolet
Vehicle Model .....	Aveo
Vehicle Variant .....	-
Vehicle Colour .....	White
Vehicle Category .....	Private car
Name of Driver .....	CHEW CHONG GEE
NRIC No .....	SXXXX691I

Contact Number .....	-
Address .....	-
Address complement .....	BLK 657 CHOA CHU KANG CRESCENT #13-39
Postcode .....	680657
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.

Policyholder's Signature / Date & Time: Sum  
 Driver's Signature (if driver is not the policyholder) / Date & Time: Amey  
 Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 26/09/2022  
 Sketch Plan: BK 637 BUKIT BATOK CENTRAL GSCP LOT 24

vehicle A SMT 45L

vehicle B SJ 6442K

On 25/09/2022 about 14.10pm - My vehicle was stationary parked at Bukit Putek central Bk b37 open space carpark lot 24. I was standing opposite my carpark lot smoking, I saw vehicle B "SJQ 6442K" doing reversing into carpark lot 25 which is beside my car on the left. Suddenly vehicle B "SJQ ~~6442K~~ 6442K" reverse and collided into my front left car portion. I went over to exchange particulars.

(We declare the foregoing particulars are true in every respect.

Donor's Signature (if direct is not the policyholder): Date:  
& Time:

Witnessed by Registering Centre Personnel  
(Name and NRIC ID card)





































