

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 27/10/2022 16:11 (SGT)
Reported by Driver
Date of Accident 26/10/2022 13:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG PIE TUAS BEFORE EXIT 30
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK1010C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN SUAN ZHI
NRIC No S8700007I
Email Address saukumc@gmail.com
Mobile Phone No (Phone) +65-91894099
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model AD AVANTE 1.6 GLS (A) S
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 1591

INSURANCE COMPANY

Name of Insurance Company Singapore Life Ltd
Policy Number / Cover Note Number 10963633

DRIVER

Name of Driver CHEN SAU KUM
NRIC No S1729151C
Date Of Birth 18/09/1965
Occupation Indoor

Date Of Driving Pass	21/12/1983
Driving experience	38 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91894099
Alt. Phone Number	-
Email Address	saukumc@gmail.com
Address	525 JURONG WEST STREET 52
Address complement	#04-269
Postcode	S640525
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

PASSENGER 1

Name	MR TAN HING
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

AS PER SELF RECORDED STATEMENT BY DRIVER.

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	GBL427R
Vehicle Manufacturer	Toyota
Vehicle Model	Hiace
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	AYYAKKANNU
Passport No/FIN	G8290013L
Contact Number	(Phone) +65-96103371
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YQ215L
Vehicle Manufacturer	Mitsubishi
Vehicle Model	Canter
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle
Name of Driver	POTHAN SEKAR
NRIC No	S7468054B
Contact Number	(Phone) +65-85106943
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

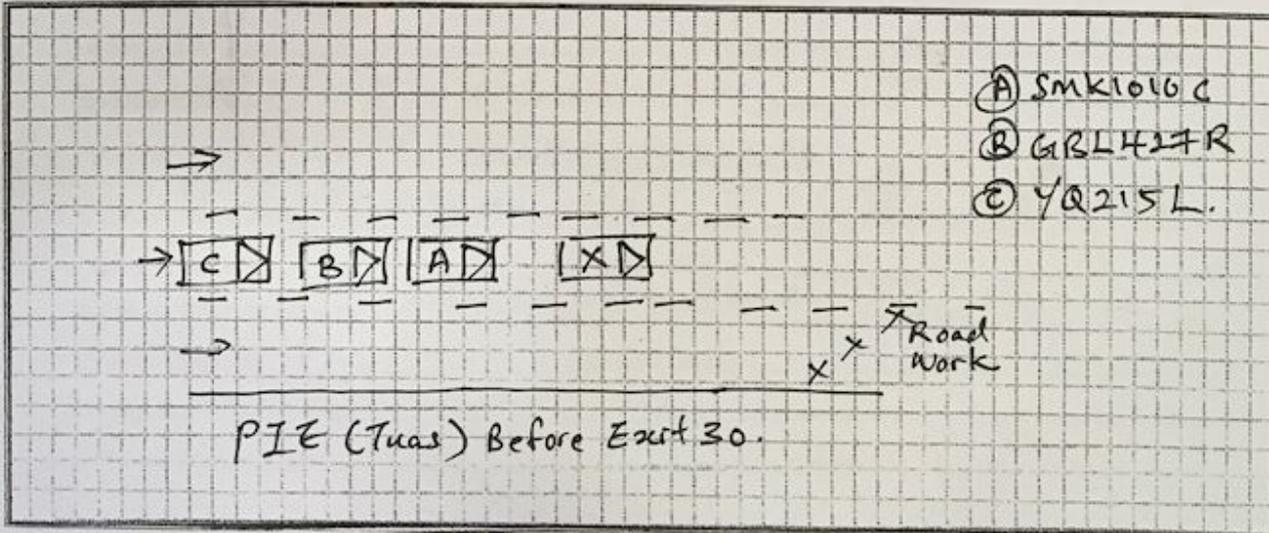
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)

X *[Signature]*

[Signature] HASAIM

Sketch Plan



Describe Circumstances of the Accident

AS PER SELF RECORDED STATEMENT BY DRIVER.

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 Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

Describe Circumstance of the Accident

on mentioned date and time, I was travelling along the
 said road, when the front vehicle slow down and stop,
 I stop accordingly. Moment later, I feel a great impact
 from the rear of my vehicle. when I got down from
 my vehicle. I saw there is another 2 vehicle
 behind me involve in this accident.

After the accident impact, me and my husband
 as the front passenger in my ~~vehicle~~ vehicle feel
 uncomfortable.

Declaration

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

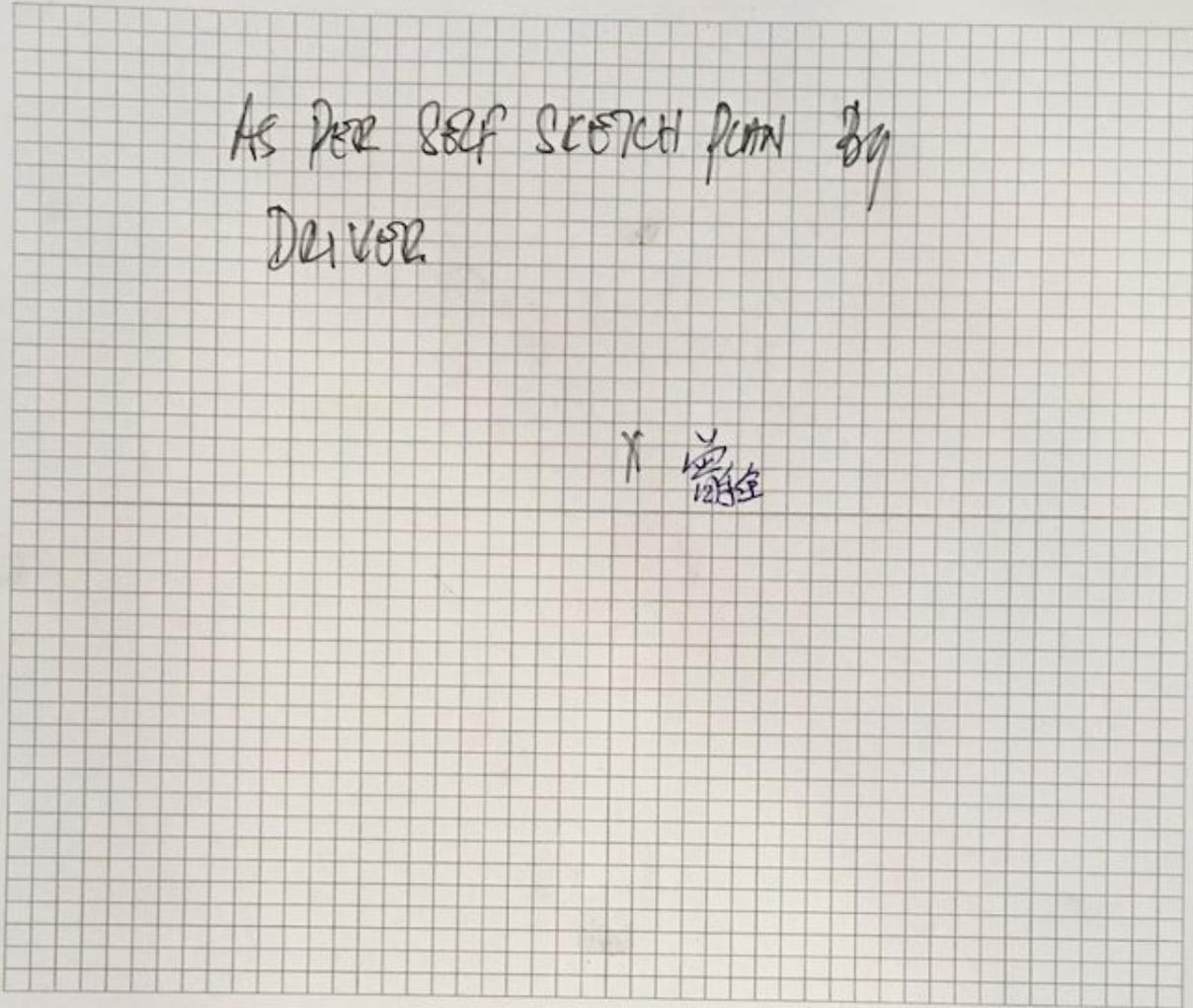
 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

ACCIDENT DIAGRAM

Ver. 30042021



Policyholder's Signature
Date & Time:

X *[Signature]*
12/1/20

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

**VERIFIED BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI**

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:























