

# 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 ..... 21/11/2022 13:41 (SGT)  
Reported by ..... Driver  
Date of Accident ..... 18/11/2022 13:00 (SGT)  
Exact Location of Accident ..... Sunview Rd, Singapore  
Additional Location Information ..... 1 Sunview Road  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBF5380P

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... OAL ENGINEERING PTE LTD  
Company Reg No ..... 200607887H  
Email Address ..... oalsam@singnet.com.sg  
Mobile Phone No ..... (Phone) +65-97558871  
Alternative Phone No ..... -

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... JTFAT35Y20K206542  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... Yes  
Vehicle Category ..... Goods vehicle  
Transmission ..... Auto  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... India International Insurance Pte Ltd  
Policy Number / Cover Note Number ..... D18MCV0003077\_03

### DRIVER

Name of Driver ..... SAMUEL ONG AH LIANG  
NRIC No ..... S1758674B  
Date Of Birth ..... 14/04/1966  
Occupation ..... Outdoor

Date Of Driving Pass .....	29/05/1985
Driving experience .....	37 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97558871
Alt. Phone Number .....	-
Email Address .....	oalsam@singnet.com.sg
Address .....	BLK 442 YISHUN AVE 11
Address complement .....	#13-06
Postcode .....	760442
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collided into Parked Vehicle
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
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

ON 18/11/2022 AT 12PM, I WAS DRIVING GBF5380P IN THE PREMISES OF 1 SUNVIEW ROAD. I ACCIDENTALLY KNOCKED INTO A STATIONERY TRAILER WHILE TRYING TO OVERTAKE. AS A RESULT, MY VEHICLE'S FROMT LEFT PORTION WAS DAMAGED. THERE WAS NO DAMAGE TO THE TRAILER. I DID NOT TAKE DOWN THE NUMBER PLATE OF THE TRAILER.

#### 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 .....	UNKNOWN
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

SKETCH PLANIMPORTANT NOTICE

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6. The 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

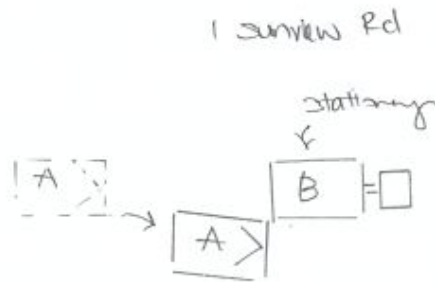
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



Veh A: GBF 5380P  
B - unknown

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/11/12pm, I was driving GBF 5380P in the premises of 1 Sunview Rd. I accidentally knocked into a stationary trailer while trying to overtake. As a result, my vehicle's front left portion was damaged. There was no damage to the trailer. I did not take down the number plate of the trailer.

DECLARATION

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

Police Station's Name/Date & Time

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

97558871  
GBF 5380P

Responding Officer's Name/Signature  
Date & Time  
NRIC/ID No.











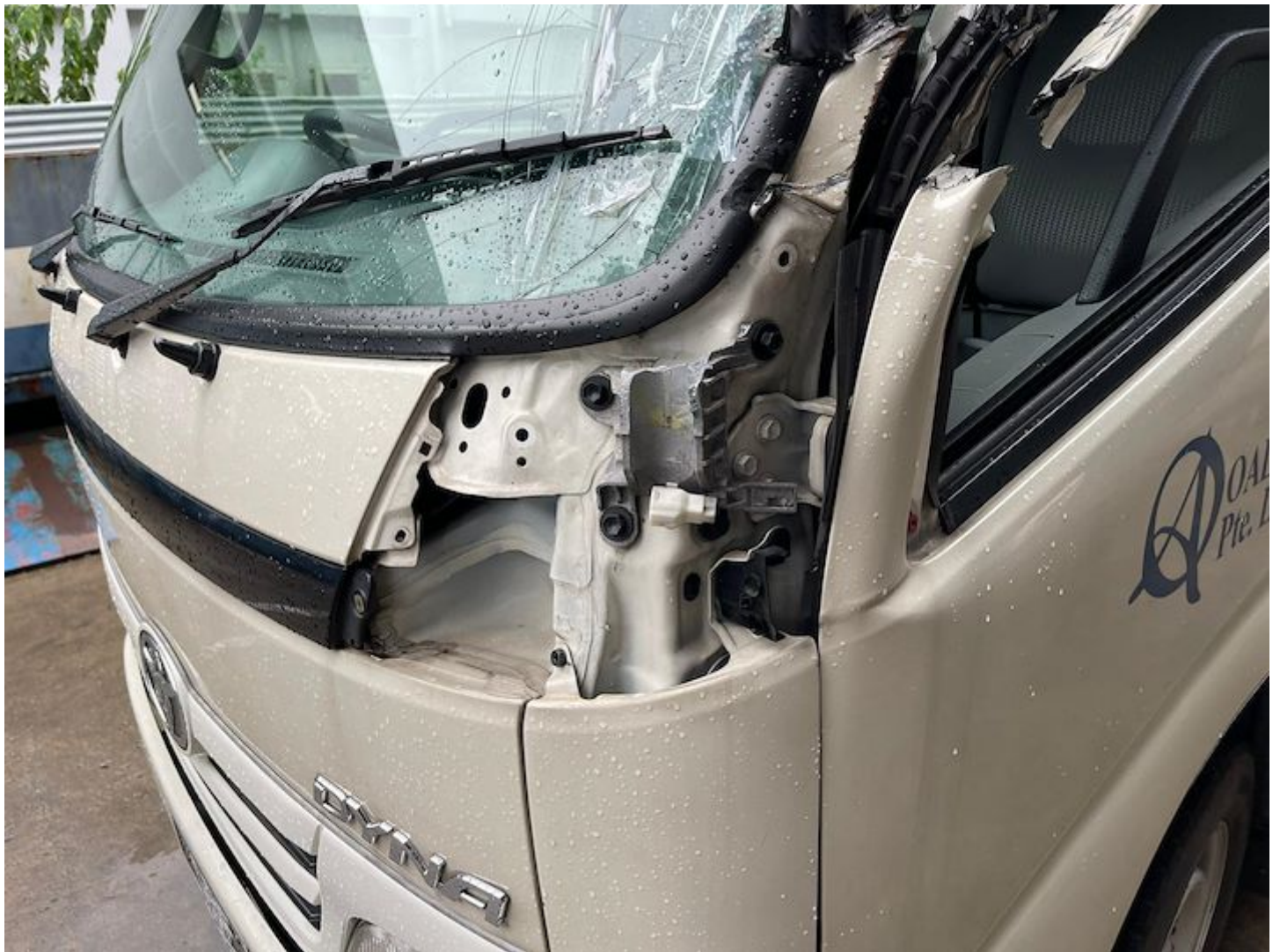




























GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

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

**ADDENDUM**

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

Original Report No : SS3922BL0001      Vehicle Registration No : GBF5380P  
 Name(as shown in NRIC): Samuel Ong Ah Liang  
 (\*Vehicle Driver / ~~Vehicle Owner~~) (\*) Please delete as appropriate  
 NRIC/Passport No : S1758674B  
 Address : \_\_\_\_\_  
 Contact (Tel) : \_\_\_\_\_ (H/P) : \_\_\_\_\_  
 (Email) : \_\_\_\_\_  
 Date of Accident : \_\_\_\_\_ Time of Accident : \_\_\_\_\_  
 Place of Accident : \_\_\_\_\_  
 Insurance Company : \_\_\_\_\_

**(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:

Include vehicle photos

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 \_\_\_\_\_  
 Signature of Vehicle Owner / Driver  
 Date: \_\_\_\_\_

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
 Operating Hours : Monday to Friday 9am to 5pm