

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 25/01/2023 13:05 (SGT)
Reported by Driver
Date of Accident 19/01/2023 18:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information CHOA CHU KANG AVE 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SML1375U

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LEADER AUTOMOBILE WORKSHOP
Company Reg No 53288687M
Email Address VIVIENYEOW@GMAIL.COM
Mobile Phone No (Phone) +65-67466931
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1600

INSURANCE COMPANY

Name of Insurance Company Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number MP002089

DRIVER

Name of Driver YEOW YUAN XIN VIVIEN
NRIC No S8722330B
Date Of Birth 07/07/1987
Occupation Indoor

Date Of Driving Pass	19/04/2006
Driving experience	16 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90014423
Alt. Phone Number	-
Email Address	VIVIENYEOW@GMAIL.COM
Address	BLK 335 UBI AVE 1 #01-811 S400335
Address complement	-
Postcode	-
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	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)	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	UNKNOWN
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

REFER TO ATTACHED REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD3338R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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 PLAN

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5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
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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.

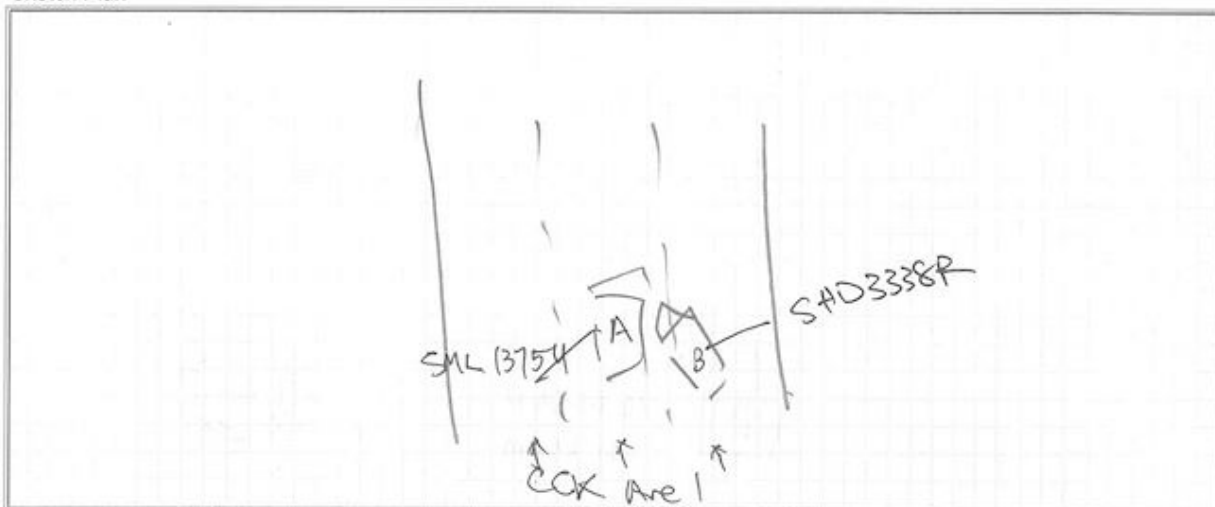
(collectively the "Purposes")

(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 Receiving Centre Personnel (Name as in NRIC)
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Sketch Plan



Describe Circumstance of the Accident


I was travelling straight in my lane, suddenly
I felt an impact and realised that I was
being hit on the right by SHD 3338R


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.

Declaration

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


Policyholder's Signature / Date & Time

 20.01.2023
11.55 AM
Driver's Signature (if driver is not the policyholder) / Date
& Time


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































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: _____ Vehicle Registration No: SML1375U

Name (as shown in NRIC): YEOW YUAN KIM NRIC/FIN/Passport No: _____

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: BLK 335 UBI AVE 1 #01-811 S400335 Singapore ()

Contact (Tel): _____ Mobile No.: 90014423

Email Address: VIVIENYEOW@GMAIL.COM

Date of Accident: 19/01/2023 Time of Accident: 1800HRS

Place of Accident: CHOA CHU KANG AVE 1

Insurance Company: TOKIO MARINE INSURANCE (S) LTD

(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:

To amend gender should be female not male (typo error).

YEOW YUAN KIM

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date:

1. TAN KENG BOON (S25988758). HIT VEHICLE, SMC13754,
ALONG GEORGETOWN AVENUE 1. AND WILL BE RESPONSIBLE
FOR ALL RELATED COST THAT ARISES FROM THIS INCIDENT.
NO CLAIM OF INSURANCE.

DATE: 19 January 2023
TIME: 6.03 PM.

INVOLVED VEHICLE: SHD 3338 R
SMC13754.

Sf.

TAN KENG BOON

S25988758

HP: ~~97222839~~
97222839

Shd

Yew Jianxian Vinted

S259223308

HP: 97014423

