

☐ Scene Pic
☐ Auth Letter

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

Location of Accident

05/2/2023 1305HRS

Clementi Ave 3 Ship Road (Twale AVE)

OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number

SLB5512D

Name of Policyholder

Thia Yann Chang, Edwin

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

S90121941

Address

Blk 35 Lor 5 Toa Payoh #09-323 (310035)

Address

Contact Number

Tel

Hp 81801223

edwinthia@gmail.com

Email Address

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Maruti Suzuki

Type of Vehicle

Saloon, MPV, CRV, Van, Lorry, Bus/Mcycle, Others..

Are you claiming under your own insurance policy?

☒ Yes

☐ No

Remarks: TP

Vehicle category

☐ Private Hire

☒ Private

☐ Commercial

☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Income

Type of Policy

☒ Comprehensive

☐ TP Fire & Theft

☐ Third party

Fleet Policy

☐ Yes

☒ No

Policy Number

DRIVER

PLEASE SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver

NRIC/ FIN/ Passport

02/3/1990

Date of Birth

Indoor

Occupation

Driving Pass Date

Gender

☒ Male

☐ Female

Contact Number

Tel

Hp

Address

Address

Email Address

Was driver an employee of the Insured's Company?

☐ Yes

☒ No owner

If No, relationship of Driver with the Insured

No. of Passenger In vehicle (Including Driver)

(Including Driver)

Please state Passenger Names:

Name:

Gender

Name:

Gender

Name:

Gender

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

☒ Clear

☐ Wet

☐ Raining

☒ Dry

☐ Others..

☐ Others..

Road Surface

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

☒ No

☐ Yes

Was anybody injured in the accident? (Including Witness)

☒ No

☐ Yes

Was any other vehicle(s) or property damaged?

☐ No

☒ Yes

Was there any video captured? (in-car camera in YOUR CAR)

☐ No

☒ Yes

Ambulance (Yes/No)

DETAILS OF POLICE ACTION

Was the accident reported to the Police?

☒ No

☐ Yes

If Yes, please state which police station

Was notice of intended Prosecution given?

☒ No

☐ Yes

If Yes, against whom?

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

Name of Driver

NRIC/ FIN/ Passport

Contact Number

SLA 364 Y

☒ Toyota ☒ Private

☐ Commercial

☐ Motorcycle

Azman Bin Abu

S 182111D

89500145

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

Name of Driver

NRIC/ FIN/ Passport

Contact Number

☐ Private

☐ Commercial

☐ Motorcycle

DETAILS OF WITNESS

Name

Phone / Email Address

DETAILS OF INJURED PERSON 1

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

SKETCH PLAN

NOTE

correctly the details of the accident to speed up the claims process.

It must be completed by the Policyholder and/or the Actual Driver.

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.

The acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

The reporting may be referred to the Traffic Police Department for investigation.

Information 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. In the event of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the information being made available aforesaid.

Under the Personal Data Protection Act (PDPA)

I hereby acknowledge, agree and consent that:

I, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and store my personal data/personal information set out in this [form] and any other personal information provided by me or my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be 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:

investigating, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident;

investigating the accident and/or my claims;

investigating and/or dealing with my instructions or responding to any enquiries by me;

administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the release of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail boxes); and/or

complying with applicable law in administering, processing, handling and/or dealing with my claims.

For the above purposes, I hereby the "Purposes")

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

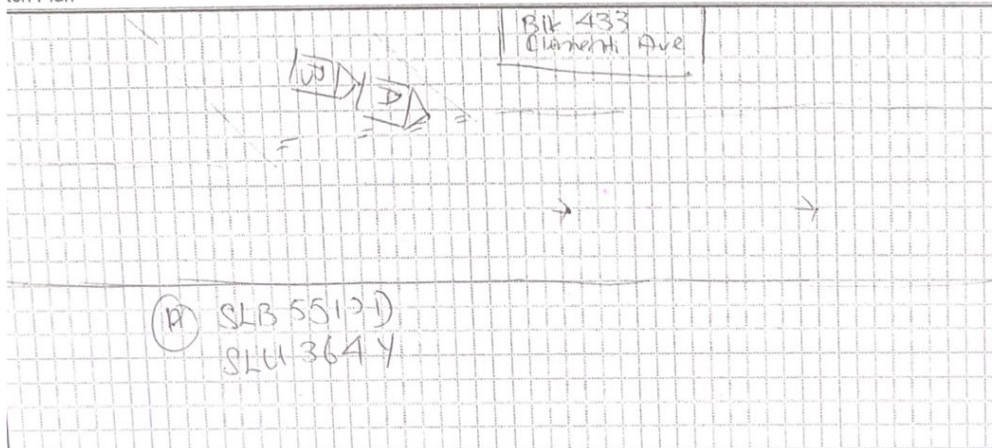
Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan




Describe Circumstance of the Accident

I was travelling along Clementi Ave 3 slip Road towards AYE on 25/2/2023 at around 1305hrs. My vehicle stopped at the stop line & suddenly SKU 364Y collided onto my vehicle rear.

Declaration

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


Policyholder's Signature / Date & Time


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

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