

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 27/03/2023 12:32 (SGT)
Reported by Both Policyholder and Actual Driver
Date of Accident 20/03/2023 11:11 (SGT)
Exact Location of Accident Dunearn Rd, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE8635Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM THIAN HUAT ANTHONY
NRIC No S7611085I
Email Address ANTHONYLIM@YAHOO.COM
Mobile Phone No (Phone) +65-91889742
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Suzuki
Model Swift
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 1372

INSURANCE COMPANY

Name of Insurance Company India International Insurance Pte Ltd
Policy Number / Cover Note Number D18MPC0000926_04

DRIVER

Name of Driver LIM THIAN HUAT ANTHONY
NRIC No S7611085I
Date Of Birth 11/04/1976
Occupation Indoor

Date Of Driving Pass	23/12/2004
Driving experience	18 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91889742
Alt. Phone Number	-
Email Address	ANTHONYLIM@YAHOO.COM
Address	BLK 335 SERANGOON AVE 3 #11-333
Address complement	-
Postcode	550335
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	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 SAID DATE AND TIME OF ACCIDENT, I WAS DRIVING MY CAR SLE8635Y ALONG DUNEARN ROAD IN THE THIRD LANE FROM THE RIGHT. OUT OF SUDDEN, VEHICLE B SJK9519K WHICH WAS JUST FILTERED INTO THE 4TH LANE ON THE LEFT ABRUPTLY SWERVED BACK TO MY LANE WITHOUT CHECKING AND GIVE WAY TO ONCOMING TRAFFIC FROM HER RIGHT SIDE AND THEN HIT ONTO MY LEFT SIDE MIRROR. MY LEFT SIDE MIRROR GLASS BROKEN AND THE GLASS CHIP FLUNG AND SCRATCH MY FRONT LH DOOR GLASS. AT FIRST, THE THIRD PARTY DRIVER INTENDED TO DO PRIVATE SETTLE FOR MY CAR DAMAGES. HOWEVER, HER WORKSHOP ORDERED THE INCORRECT ITEM. TO PREVENT WASTING TIME ON THIS CASE, I DECIDED TO GO THROUGH INSURANCE CLAIM AND I HAD INFORMED THE OTHER PARTY DRIVER TO DO REPORT ALSO. DUE TO THIRD PARTY WORKSHOP'S PRIVATE SETTLEMENT PROCEDURE UNSUCCESSFUL, THEN CAUSED ME LATE REPORT TO THIS ACCIDENT. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B SJK9519K'S INSURANCE POLICY FOR MY CAR ACCIDENT DAMAGES.

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	SJK9519K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-83888200
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

SKETCH PLAN

IMPORTANT NOTICE

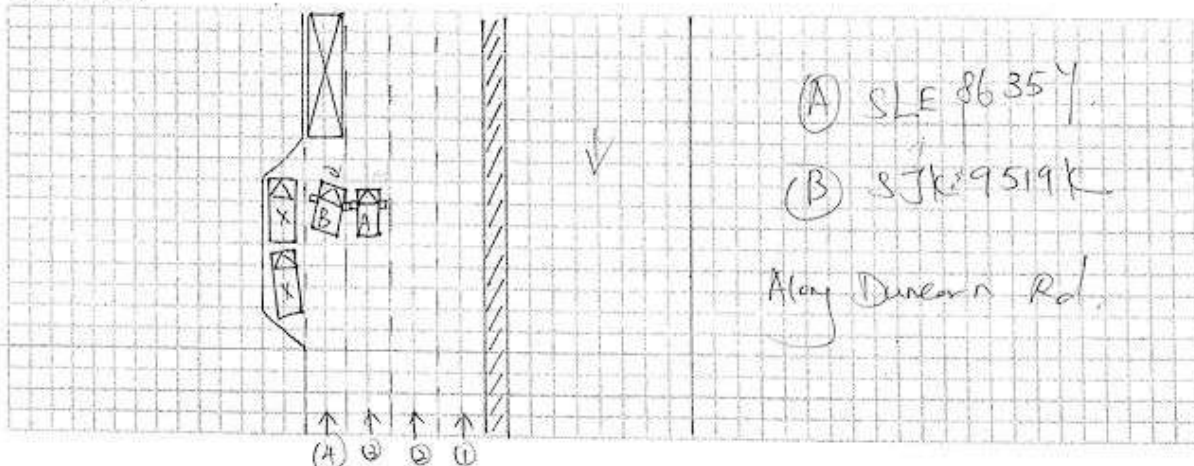
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material 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. 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 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.
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

Sketch Plan



Describe Circumstances of the Accident

On said date & time of the accident, i was driving my car (OLE 86354) along Dunearn Road in the 3rd lane from the right. Car of sudden, Veh. B (SJK 9519K) which was just filtered into the 4th lane on the left, abruptly swerve back to my lane, without check & give way to the oncoming traffic from her right hand side, and then hit onto my left side mirror. My left side mirror glass broken and the glass chips was flug and scratched on my front LH Door glass. At first the 3rd party driver intend to do private settle for my car damages, however her workshop was ordered the incorrect item. To prevent waste more time on this case, i decided go through my insurance claim and i had informed to the 3rd party driver to do accident report also. Due to the 3rd party workshop's private settle procedure, unsuccessful, then caused me late report to this accident. Hence, I have to lodge this accident report to claim against Veh. B (SJK 9519K)'s insurance policy for my car accident damages.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel