

## GIA ACCIDENT REPORT

## ACCIDENT DETAILS

Are you claiming under your own insurance policy for repairs to your vehicle?

☐ Yes - Claiming Own Insurance☒ No - Claiming Third Party☐ No - Reporting Only

Date: 27/04/2023	Time: 11:12 AM	Location: Orchard Road
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Type of Accident: head to side	In-Car Camera Footage Available: <input type="checkbox"/> Yes <input type="checkbox"/> No
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## VEHICLE DETAILS

Own Vehicle		Third Party Vehicle or Property	
Vehicle Registration No: SMW 8305 T		Vehicle Registration No: SLS 3059 U	
Vehicle Category: <input checked="" type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input type="checkbox"/> Private hire <input type="checkbox"/> Motor trade		Vehicle Category: <input type="checkbox"/> Private car <input type="checkbox"/> Bus <input type="checkbox"/> Tanker <input type="checkbox"/> Commercial vehicle <input type="checkbox"/> Motorcycle <input type="checkbox"/> Government <input type="checkbox"/> Taxi <input type="checkbox"/> Goods vehicle <input type="checkbox"/> Mobile equipment <input checked="" type="checkbox"/> Private hire <input type="checkbox"/> Motor trade	
Vehicle Manufacturer: TOYOTA	Vehicle Model: Alphard Vett fire	Vehicle Manufacturer: Honda	Vehicle Model: Vezel
Transmission: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto	CC:	Transmission: <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Auto	CC:
Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input checked="" type="checkbox"/> Private Use		Exact purpose for which vehicle was being used at the time of accident. <input type="checkbox"/> Private Hire <input type="checkbox"/> Employment <input type="checkbox"/> Private Use	
Number of passengers (including driver): 0		Number of passengers (including driver): 0001	
Passenger name: Nil	Passenger gender: <input type="checkbox"/> M <input type="checkbox"/> F	Passenger name: Unkn	Passenger gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F

## INSURANCE DETAILS

Own Vehicle Insurance Policy		Third Party Vehicle Insurance Policy	
Handling Insurer: Direct Asia		Handling Insurer: Unkn	
Coverage Type: <input type="checkbox"/> ACT <input checked="" type="checkbox"/> TPO <input type="checkbox"/> TPFT		Coverage Type: <input type="checkbox"/> ACT <input type="checkbox"/> C <input type="checkbox"/> TPO <input type="checkbox"/> TPFT	
Fleet Policy: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Policy/Cover Note Number: MT/01139855	Fleet Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No	Policy/Cover Note Number:
Registered Owner Name: WANG SHUI CHAI		Registered Owner Name:	
ID Type: <input type="checkbox"/> Company Registration No. <input checked="" type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.	ID Type: <input type="checkbox"/> Company Registration No. <input type="checkbox"/> Passport No./FIN <input type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No.		
Registered Owner ID: 64021574 W		Registered Owner ID:	
Owner Address: 33 Oxley Rd S238670		Owner Address:	
Owner Email: leonang sf@gmail.com		Owner Email:	
Owner Mobile No: 8886 8766		Owner Mobile No.:	
Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:	Alternate Phone No. Type: <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Others:	Alternate Phone No.:

Progressive Car Care Pte Ltd

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# GIA ACCIDENT REPORT

## DRIVER DETAILS

Own Vehicle Driver Information		Third Party Vehicle Driver Information	
Is the driver the policyholder? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is the driver the policyholder? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of driver: <b>ANG SU FA</b>		Name of driver: <b>Gladys Gay Jia Yi</b>	
Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN		Driver ID Type: <input checked="" type="checkbox"/> NRIC No. <input type="checkbox"/> Work Permit No. <input type="checkbox"/> Passport No./FIN	
Driver ID: <b>S9124184F</b>		Driver ID: <b>S8623816J</b>	
Driver Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F		Driver Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Driver Date of Birth: <b>06-07-199</b>	Driving Pass Date: <b>19-04-2016</b>	Driver Date of Birth:	Driving Pass Date:
Driver Address: <b>BLK 768 Yishun Ave 3 #06-331</b>		Driver Address:	
Driver Email: <b>LEONANGSF@Gmail.com</b>		Driver Email:	
Driver Mobile No.: <b>9067 1591</b>		Driver Mobile No.: <b>9688 6322</b>	
Driver Occupation: <input type="checkbox"/> Indoor <input checked="" type="checkbox"/> Outdoor	Driver/Owner Relationship: <b>Driver</b>	Driver Occupation: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Driver/Owner Relationship:
Does driver own other vehicles? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Does driver own other vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vehicle Registration No:	Handling Insurer:	Vehicle Registration No:	Handling Insurer:

## INJURY DETAILS

Was anybody injured in the accident? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Name, Address, Approximate Age:	Gender:	Vehicle No:	Nature of Injury:	Seatbelt?	Ambulance?
		<b>ANG SU FA</b>	<input checked="" type="checkbox"/> M <input type="checkbox"/> F	<b>SMN 8305T</b>	<b>Neck and Back</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> M <input type="checkbox"/> F			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

## WITNESS DETAILS

Was there any witnesses? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Witness name:	Witness phone:	Witness email:

## OTHERS

Number of vehicles involved in the accident (including own vehicle):					
Name, Address of Driver	Gender:	Vehicle No:	Contact No:	Driver ID:	Insurer:
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
	<input type="checkbox"/> M <input type="checkbox"/> F				
Weather Condition: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others:		Road Surface: <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others:			
Was the accident reported to the police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Police Station: <b>Online</b>		Against Whom:			
Was any foreign vehicle involved in accident? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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### 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' law yers/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

Location:

Orchard Road

Vehicle A  
BMW 8305T

Vehicle B  
SLS 3059 U

Diagram illustrating the location of the accident on Orchard Road, showing the intersection with a road crossing and the positions of Vehicle A (BMW 8305T) and Vehicle B (SLS 3059 U).





Describe Circumstances of the Accident

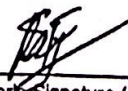
- Refer to Police Report -

Declaration

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 Centre Personnel

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Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/04/2023 21:11	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ANG SUI FA			Address: 768 YISHUN AVENUE 3 #06-331 SINGAPORE 760768		
ID Type / ID No.: NRIC NO / S9124184F			Contact No.: Home/Office:                      Mobile: 90671591		
Nationality: SINGAPORE CITIZEN			Email: LEONANGSF@GMAIL.COM		
Sex: Male	Age: 31	Date of Birth: 06/07/1991	Type of Informant: Driver		
Race: Chinese			Language: English		
Occupation: DRIVER			Driving Licence Information: Class: 3                      Date of Expiry:		

General Information of the Accident

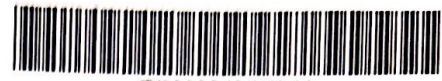
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2023 11:10	Type of Location: Straight Road
Location:  ORCHARD ROAD				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLS3059U	Car				Seriously Damaged	0
SMW8305T	Car	TOYOTA	Alphard	White	Seriously Damaged	0







Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20230427/7077

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	ANG SUI FA	ID No.	S9124184F
Related Vehicle	SMW8305T (Car)	Contact No.	90671591
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: NIL
Date	27/04/2023	Date	27/04/2023
No. of Days granted Medical Leave	03	Degree of	Serious

Brief Details.

ON THE STATED DATE AND TIME I VEHICLE PLATE NUMBER SMW8305T WAS TRAVELING ALONG ORCHARD ROAD TOWARDS ORCHARD ION ON THE LANE 1 SUDDENLY VEHICLE PLATE NUMBER SLS3059U WITHOUT CHECKING AND TURN OUT FROM VOCO HOTEL AND HIT ON TO MY VEHICLE RIGHT PORTION.

AFTER THE ACCIDENT WE EXCHANGE PARTICULAR AND LEFT THE SCENE AND I WENT TO MY FAMILY CLINIC AT LOH & LOH CLINIC & SURGERY TO CONSULT DOCTOR CAUSE I FELT PAIN ON MY NECK AND LOWER BACK AND GIVEN 3 DAYS MC FROM THE DOCTOR.





**SINGAPORE  
POLICE FORCE**



T/20230427/7077

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20230427/7077

**CONTINUATION OF REPORT**

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPB /  
FAH KRUL RAZI BIN SUHAIME  
Contact No.: 65470000

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:  
27/04/2023 21:11

Classification Of Case:

NP168



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