SC26236M0001-01 / Chia Auto Services Pte Ltd ENTRY DATE & TIME: 22/06/2023 10:08 (SGT) SUBMITTED BY: Sharon Chia VERSION: 2 (22/06/2023 13:33 (SGT))



# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

  2. This Form must be <u>completed by the Policyholder and/or the Actual Driver</u>

  3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate 3. Information provided must be as truminal and accurate as possible. (76) similar 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 Reported by Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

22/06/2023 10:08 (SGT) Both Policyholder and Actual Driver 21/06/2023 16:51 (SGT) Singapore PREMISES OF BEDOK MALL Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

SMP4062G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner

NRIC No **Email Address** Mobile Phone No Alternative Phone No No MICHELLE TAN CHUINWEI (CHEN CHUNWEI)

(Phone) +65-96730637

S7805525A MICHELLE.TAN.CW@GMAIL.COM

VEHICLE PARTICULARS

Manufacturer Model Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle? Vehicle Category

Transmission CC

Suzuki Swift

Private use

No - Claiming third party

Private car Auto 1000

INSURANCE COMPANY

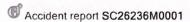
Name of Insurance Company Policy Number / Cover Note Number India International Insurance Pte Ltd D22MPC0003238

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

MICHELLE TAN CHUINWEI (CHEN CHUNWEI)

S7805525A 24/02/1978 Indoor



Date Of Driving Pass

Driving experience

Gender

Mobile Number

Alt. Phone Number

**Email Address** 

Address

Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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

Weather Conditions

Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

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?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Yes

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category

Name of Driver

NRIC No

SGG8666G

08/12/2001

Female

Yes

No

Clear

Dry

No

No

Yes

No

No

No

2

21 YEARS AND 6 MONTHS

MICHELLE.TAN.CW@GMAIL.COM

721 BEDOK RESERVOIR ROAD #03-4626

(Phone) +65-96730637

SINGAPORE 470721

Collision - Major/Minor Rd

Private car

NG JUAT KHENG

S1202149F

Accident report SC26236M0001

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Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

. . . .

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised 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.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy fability 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)

l 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 insurers is who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers law yers/law (irms, 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;
- (ii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the malling 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature' / Date &

îme

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

Witnessed by Reporting Centre

& Time

Sketch Plan

Premises of Bedok Mall

- B

STOP

(A) SMP4062G (B) SAG 8666G

OW	51/06/	7033	0,†	about	- (1	o ynot	inside	premire	of	
<i>sedot</i>	MAII.	I	WAS	driving	stra	aignt	after	the g	antry	and
sudde	nly, a	ven	icu Cr	3) ON	MŊ	right	WENT	Phaight	WIMOUT	stopping
n tr	re stop	line	ano	1 nit	ONTO	the	right	portion	of my	•
enicul	(A) (	NiNA	g de	mages	to	my vi	mill.			
(A)	Smp40	626								
(B)	Shg 81	5666	1							

# Declaration

IWe declare the foregoing particulars are true in every respiration

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel