

## 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 .....	29/05/2023 17:14 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	29/05/2023 09:40 (SGT)
Exact Location of Accident .....	Punggol Rd, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMG6472R
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG CHUNG SIONG DEREK
NRIC No .....	S8935298C
Email Address .....	DEREK.ANG89@GMAIL.COM
Mobile Phone No .....	(Phone) +65-86845698
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Note
Variant .....	NOTE 1.2 CVT
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 .....	1198

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10819192R00

#### DRIVER

Name of Driver .....	ANG CHUNG SIONG DEREK
NRIC No .....	S8935298C
Date Of Birth .....	07/10/1989
Occupation .....	Indoor

Date Of Driving Pass .....	06/02/2009
Driving experience .....	14 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-86845698
Alt. Phone Number .....	-
Email Address .....	DEREK.ANG89@GMAIL.COM
Address .....	322B SUMANG WALK
Address complement .....	#18-885
Postcode .....	822322
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 .....	Collision - Change/cross lane
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### 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 .....	SLR1676G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -

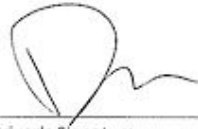
SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

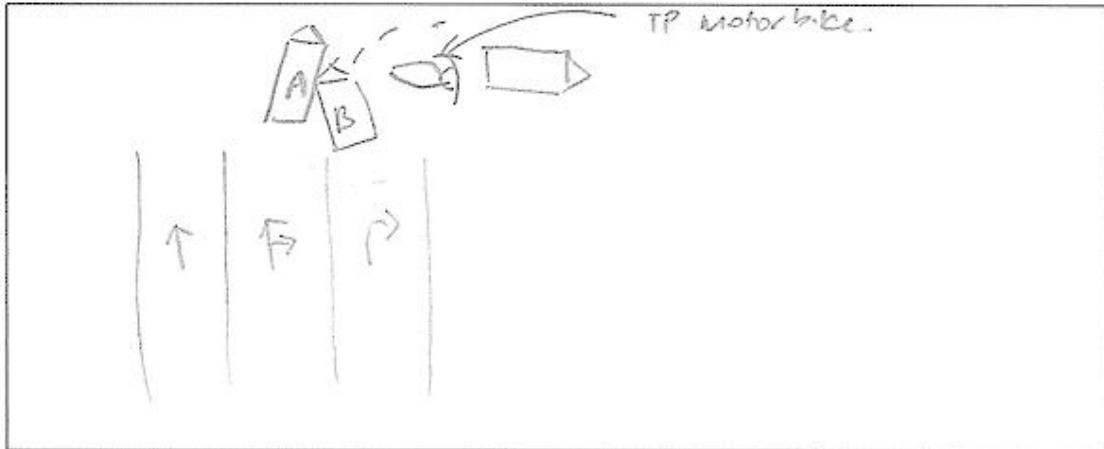
  
 Policyholder's Signature  
 Date & Time:

  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

Date of accident: 29/5/2023 Time: 09:40 Location: Turning in to tpe from Punggol  
 My Vehicle A: 8MB6472R Vehicle B: 8LR1676A Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving <sup>(car A)</sup> towards tpe from Punggol, turning in the expressway from a ~~the~~ straight/turn right lane, I was at the right of way when car b went straight into my correct lane and knock onto my car (car A).

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:


& myself:

Email address:


Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:

  
 Reporting Centre/Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY







































It pays to choose


**Budget  
Direct  
insurance**

## Policy Schedule

Comprehensive Car Policy  
Policy Number: P10819192R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

### Period of Insurance

Policy Number : P10819192R00 Policy Issued On : 06/01/2023  
Policy Start Date : 27/12/2022 (00:00) Policy End Date : 26/12/2023 (23:59)

### Cover

Type of Cover : Comprehensive / Named Driver Plan  
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

### Excess (All excess amounts are subject to GST, if applicable)

Policy : S\$ 600.00

### Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen : S\$ 100.00  
Named Driver below 25 years old : S\$ 500.00  
Named Driver with less than 2 years' valid driving licence : S\$ 500.00

### Policyholder

Name : ANG CHUNG SIONG, DEREK  
Address : 322B SUMANG WALK #18-885 Singapore 822322  
Email Address : derek.ang89@gmail.com  
Mobile Number : 86845698

### Main Driver

Name : ANG CHUNG SIONG, DEREK  
Date of Birth : 07/10/1989  
Gender / Marital Status : Male / Married  
Occupation : Executive: (Civil Servant/ Private sector)  
Certificate of Merit : Yes  
Licence Held For : More than 5 years  
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

### Vehicle Insured

Vehicle Registration Number : SMG6472R  
Chassis Number : JN1TAAE12Z0982663  
Make & Model : Nissan Note 1.2  
Vehicle Colour : Grey  
Year of First Registration : 2018  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 40%  
Vehicle Usage : Private and Occasional Business  
Modifications Declared : None

### Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

### Named Driver(s)

Driver(s)	Date of Birth	Licence Held For	No. of Claims/Accidents (Last 3 Years)	
			At-Fault	Not At-Fault
Ee Poh Ling	27/05/1989	More than 5 years	0	0