

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 First Submission	18/07/2024 13:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/07/2024 19:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Sheares Avenue
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNC375L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	A . Inbah
NRIC No	S7462533I
Email Address	a.inbha@gmail.com
Mobile Phone No	(Phone) +65-91461400
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	JAZZ 1.3 CVT
Variant	-
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1318

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5018449

DRIVER

Name of Driver	A . Inbah
NRIC No	S7462533I
Date Of Birth	25/07/1974
Occupation	Outdoor

Driving Pass Date	10/05/2021
Driving experience	3 YEARS AND 2 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91461400
Alt. Phone Number	-
Email Address	a.inbha@gmail.com
Address	9 Bedok South Ave 2 #03-532 S460009
Address complement	-
Postcode	-
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 - Head to Rear
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

Refer to attached

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	SLP3408L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	Ker Chuan Lai
-	S6931577A

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

SKETCH PLAN

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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

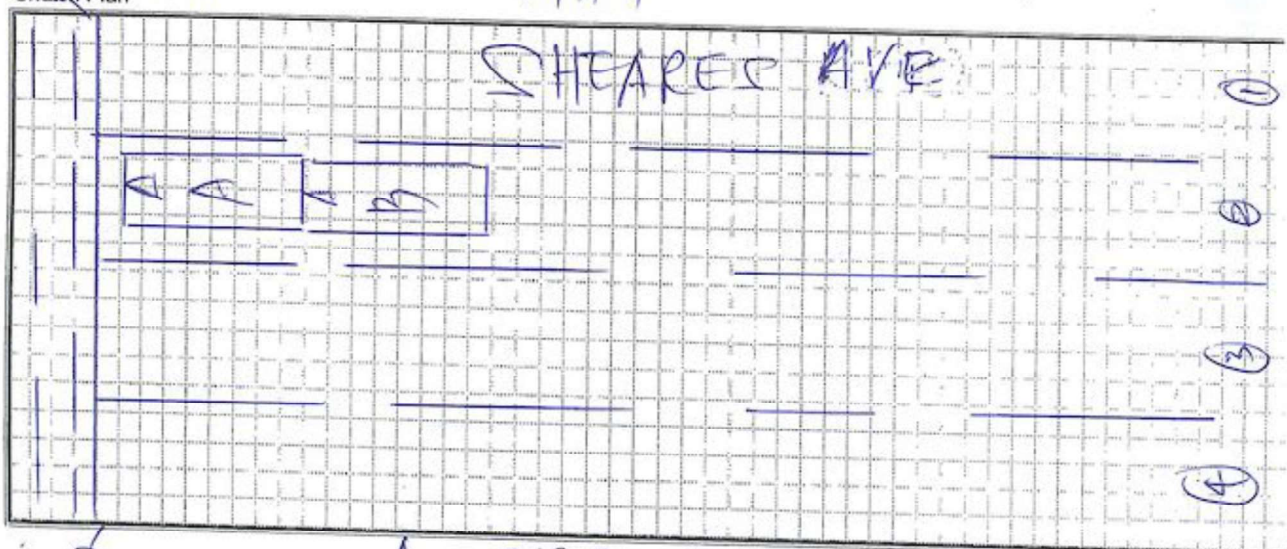
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

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



A - SNC 375L
B - SLP 3408L

Describe Circumstance of the Accident

Car A stopped on lane 2 to allow the pedestrians to cross the road when suddenly Car B came from the back and hit the rear of my Car A.

Declaration

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

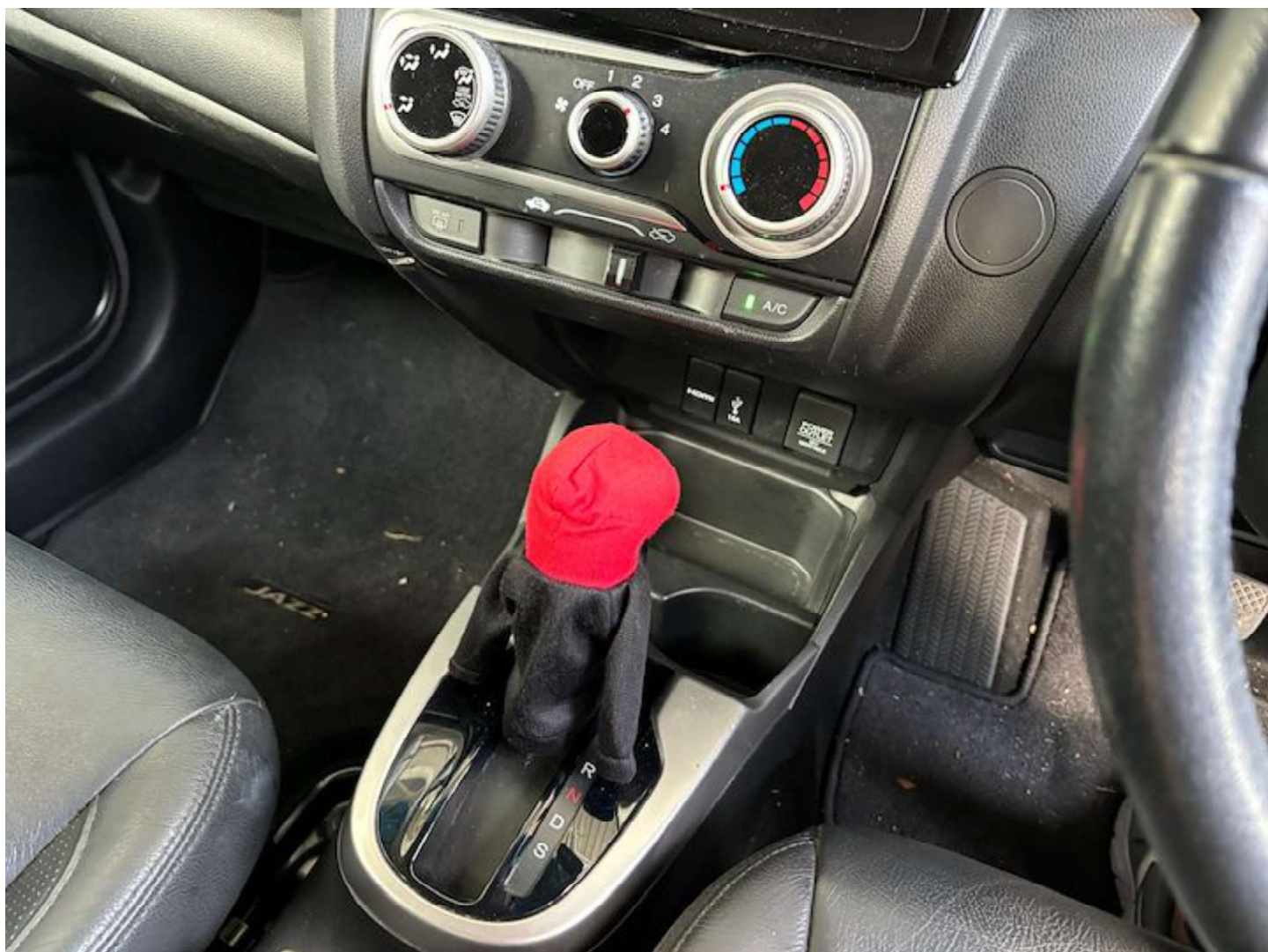
Policyholder's Signature / Date & Time

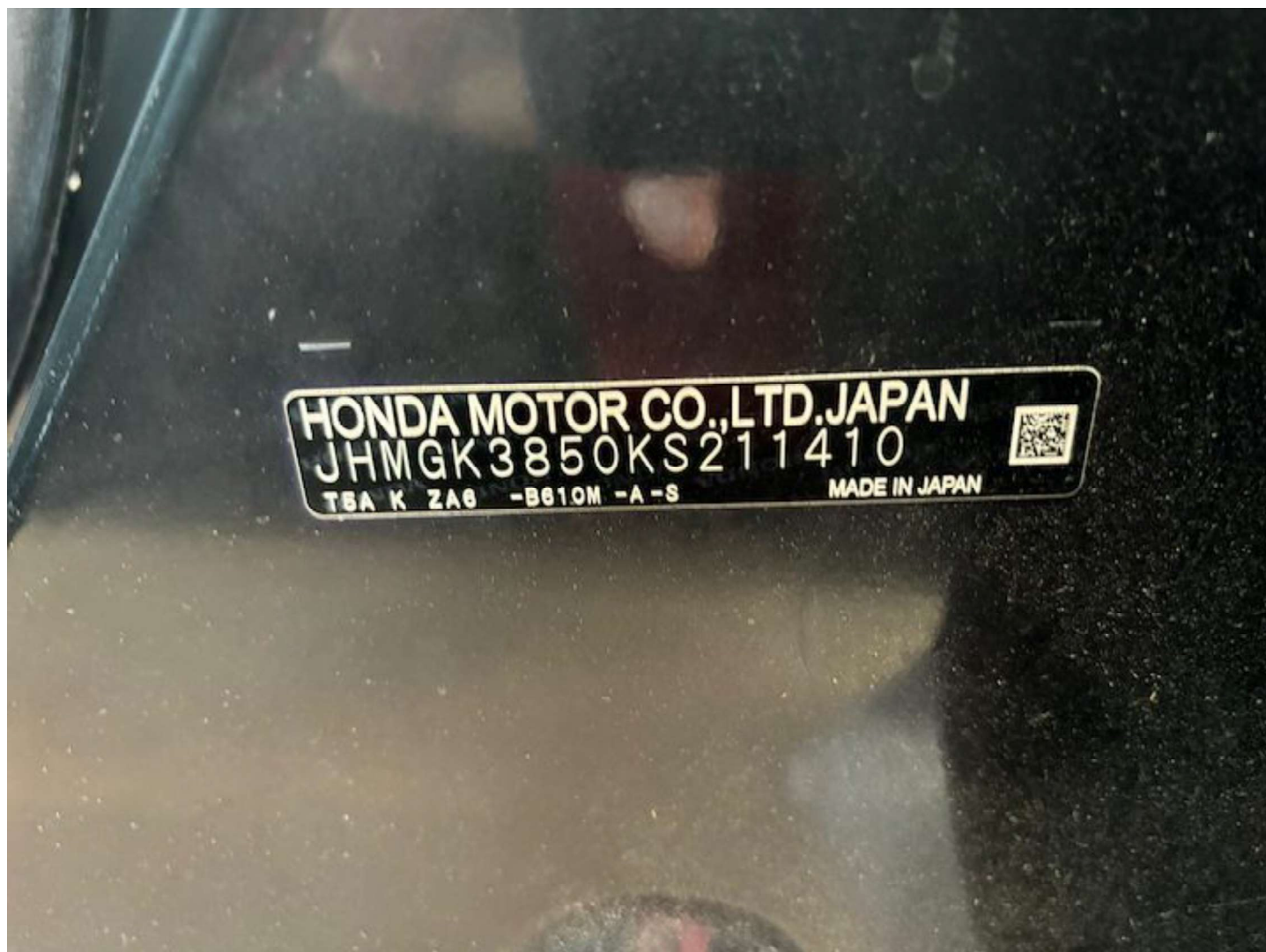
A/M. 1200hrs
18/1/24

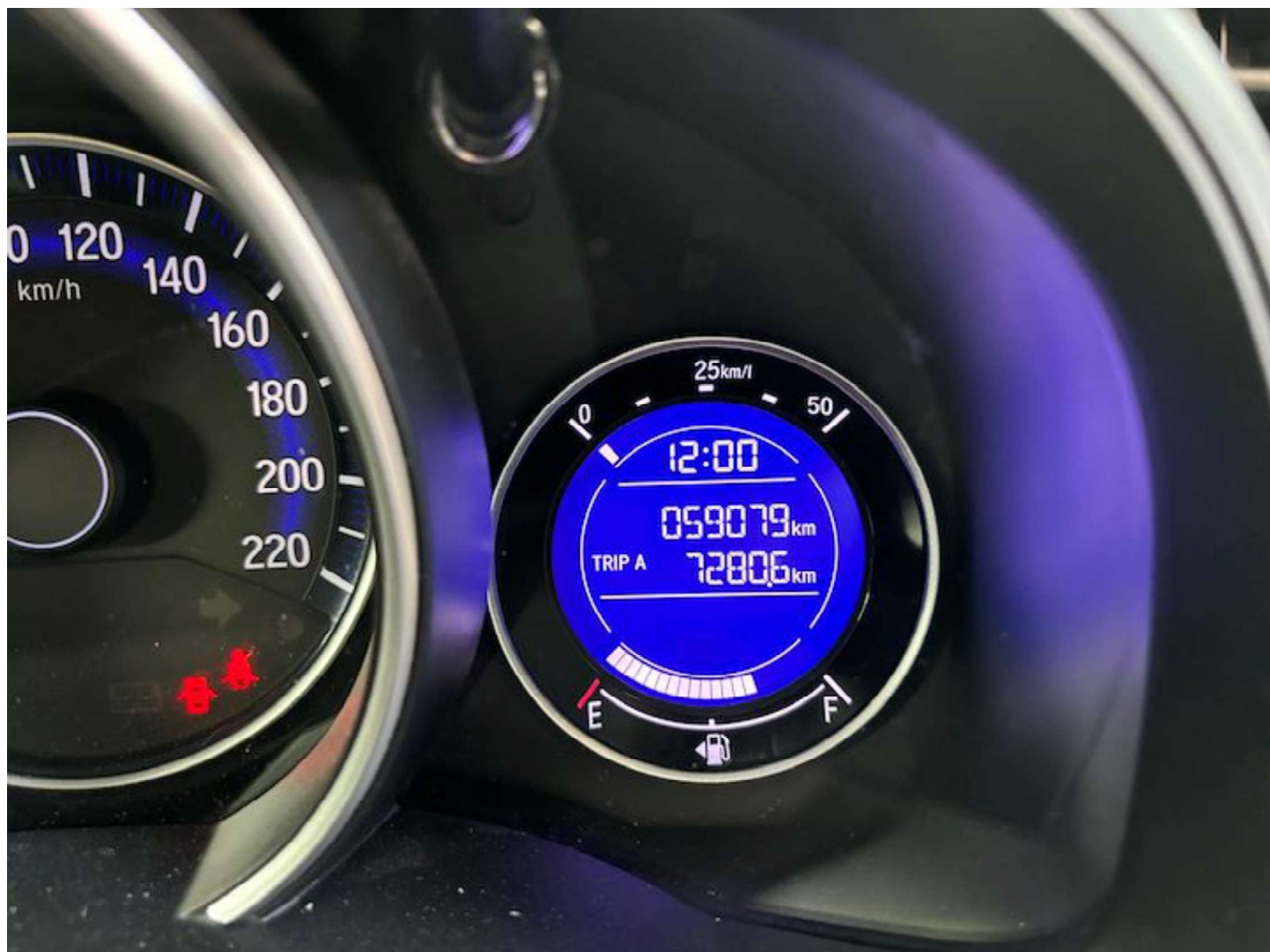
Driver's Signature (if driver is not the policyholder) / Date & Time

A/M.
18/1/24

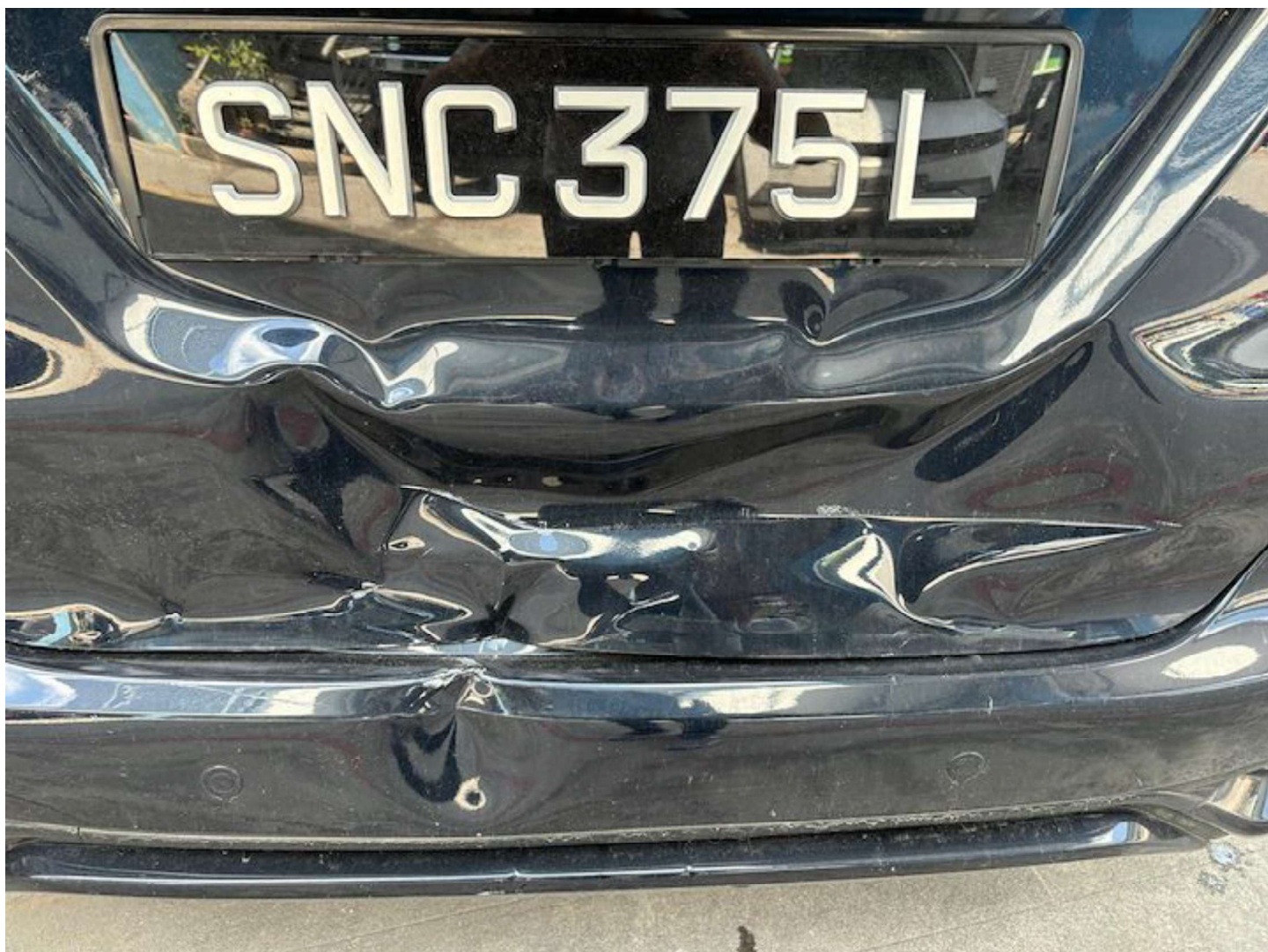
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)



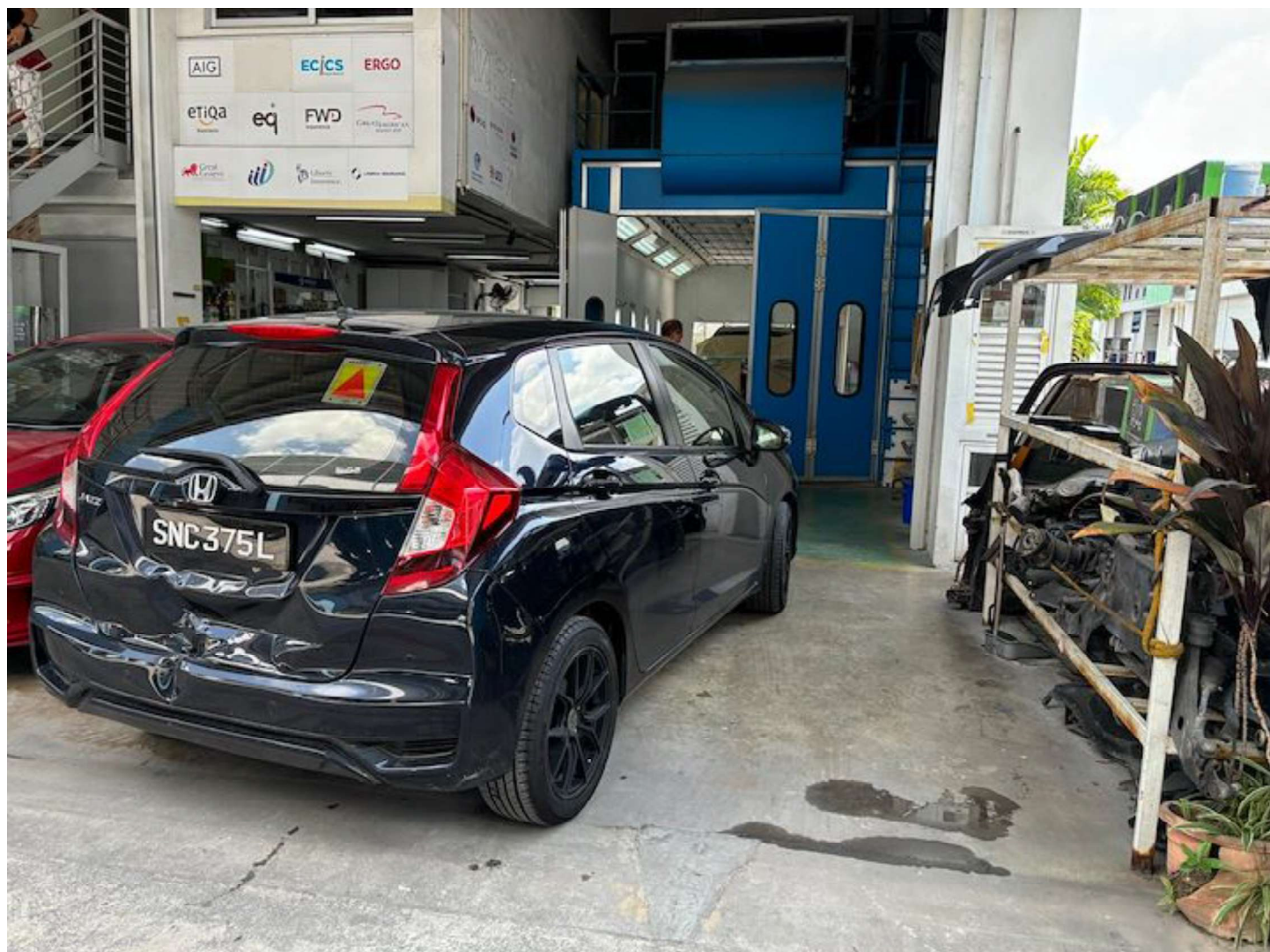


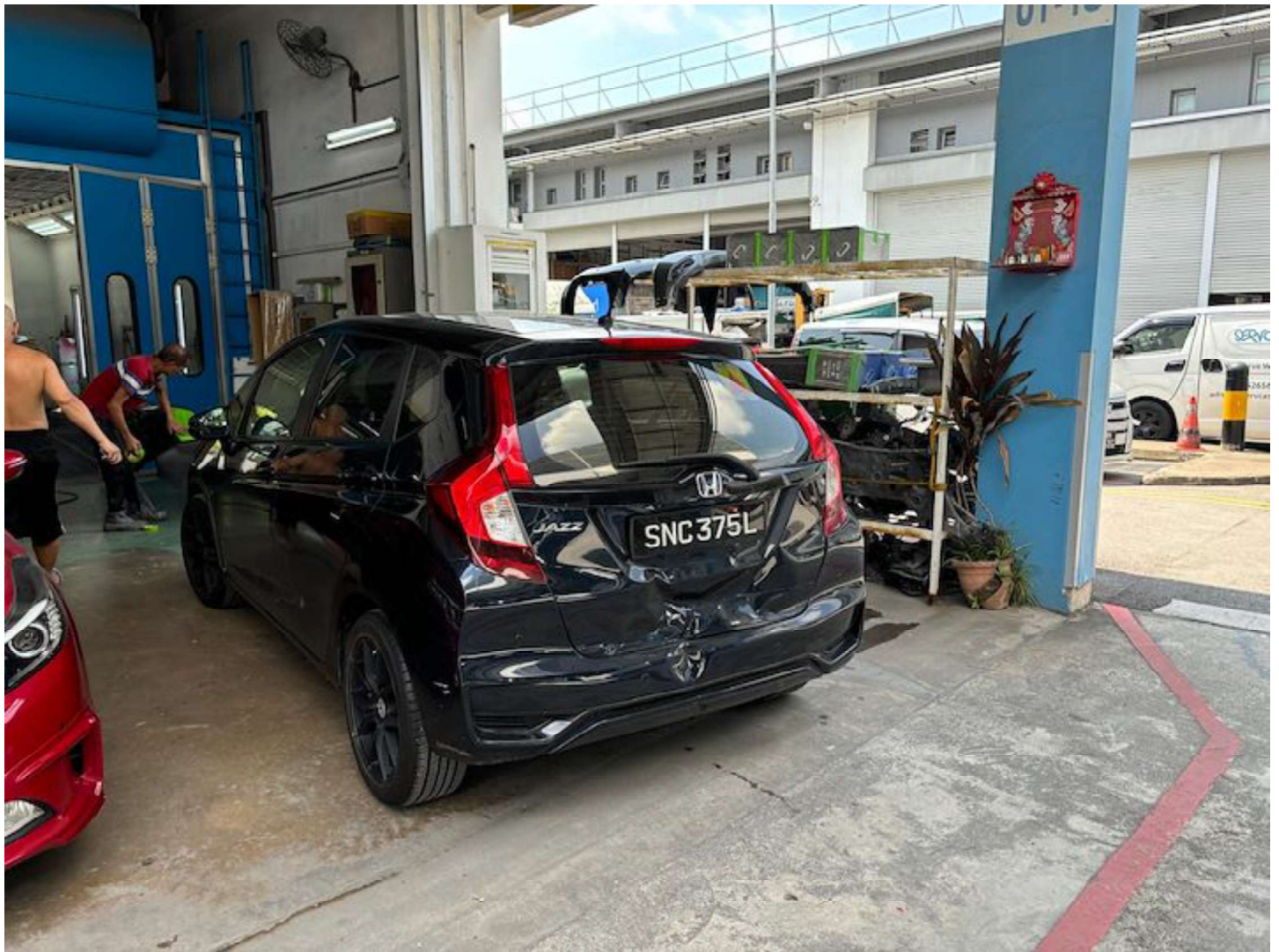


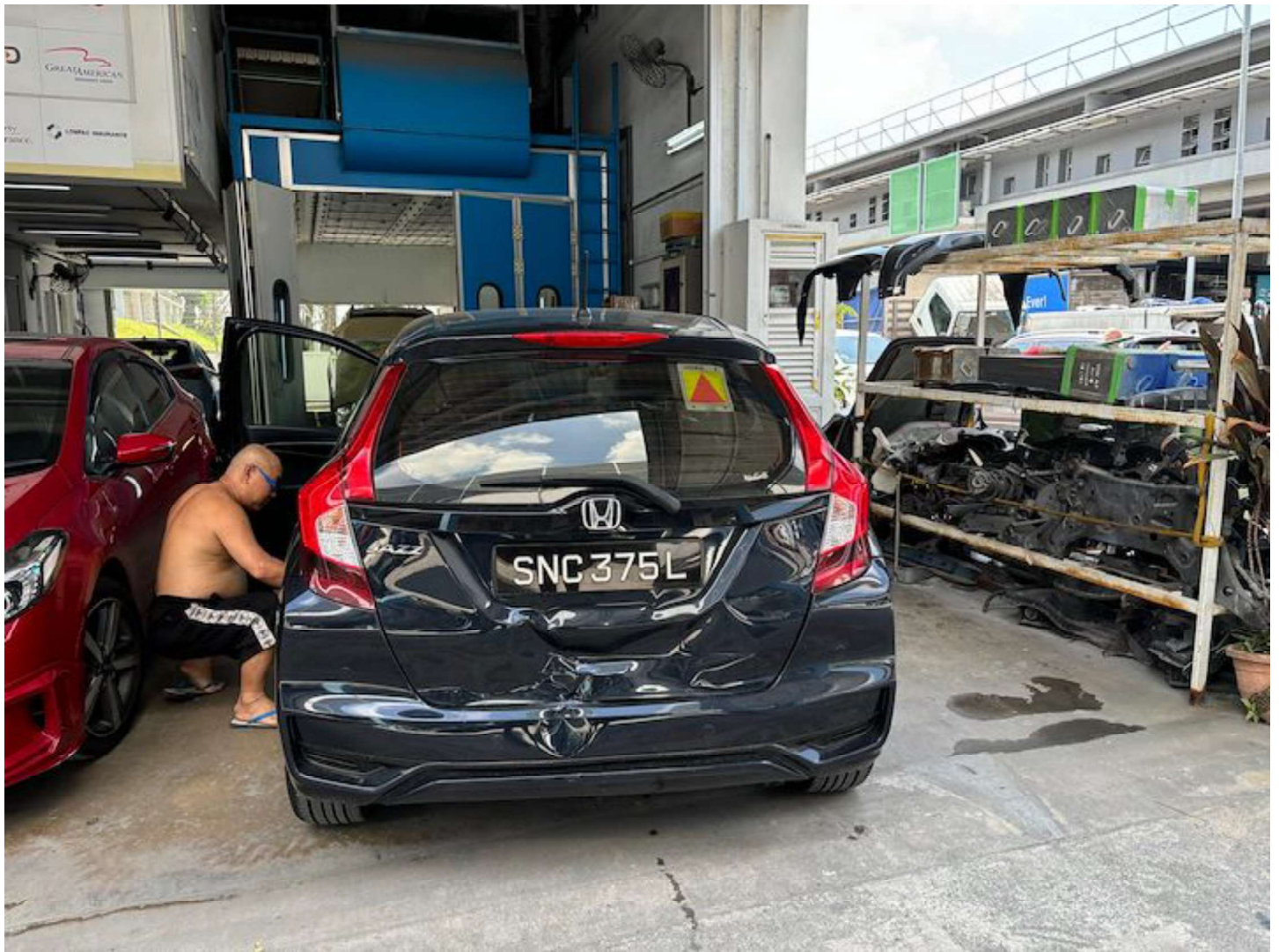


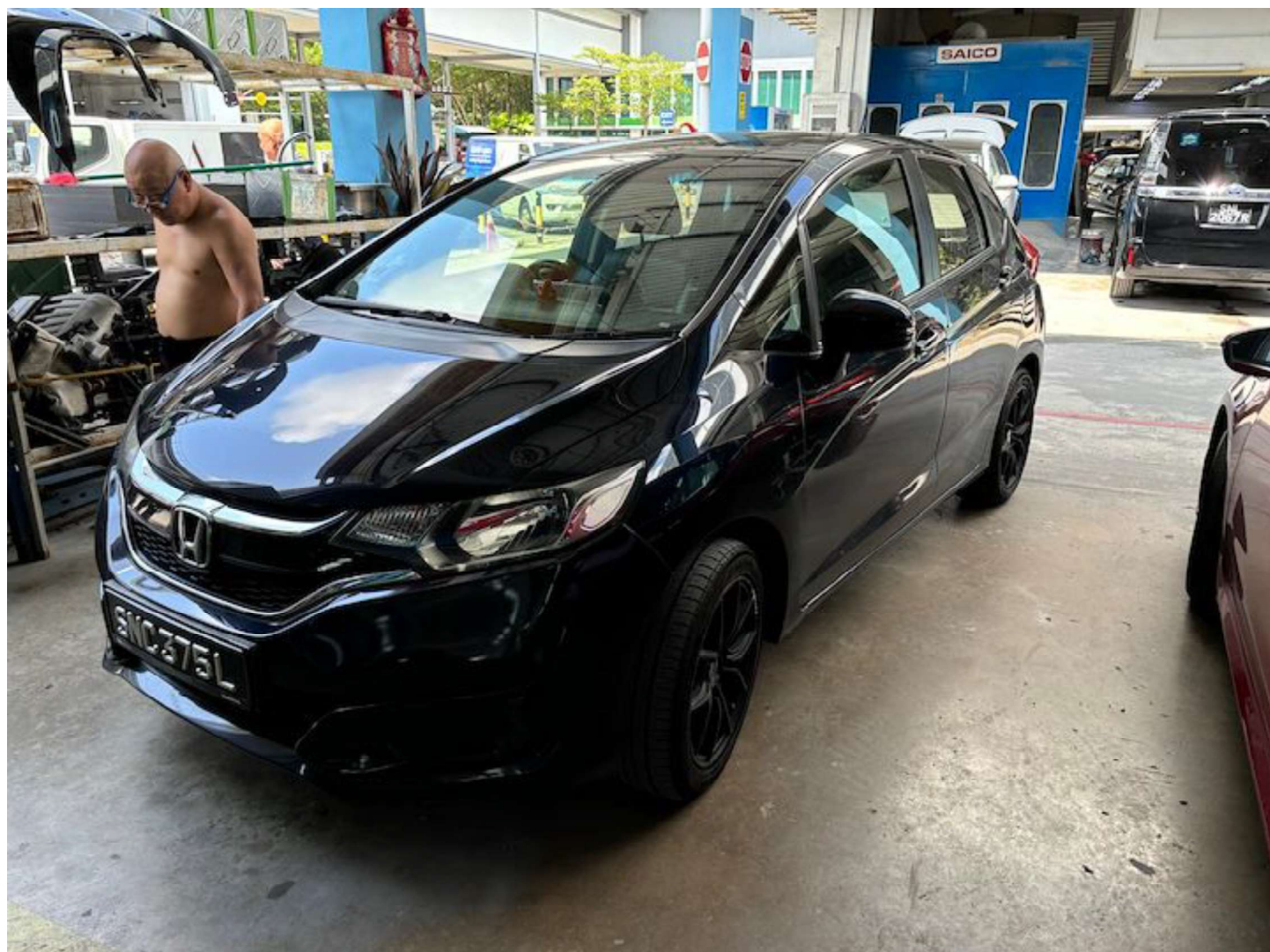


















Great Eastern
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DRIVE AND SAVE PLUS

POLICY DETAILS

Policy Number : V5018449
Policyholder : A. INBHA
Mailing Address : 9 BEDOK SOUTH AVENUE 2
#03-532
SINGAPORE 460009
Premium : S\$1,178.42 (Inclusive of GST)
Period of Insurance : 30/10/2023 to 29/10/2024
Date of Issue : 29/08/2023 0852HRS
Intermediary : RAMANATHAN NACHIAPPAN (K0001580)


INSURED VEHICLE DETAILS

Vehicle Information	
Vehicle Registration Number	SNC375L
Vehicle Make & Model	HONDA - JAZZ
Vehicle Type	Non-Weekend
Year of Registration	2019
Engine Capacity	1318
Engine Number	L13B14100556
Chassis Number	JH1MGK3850KS211410

COVERAGE DETAILS

Coverage	
Type of Cover	Comprehensive Authorised Wkshp
Sum Insured	Market Value
Hire Purchase	MAYBANK SINGAPORE LIMITED
Safe Driver Discount	Not Eligible
No Claim Discount (NCD)	HONDA 20%
NCD Protector	Non-Weekend No
Loss of Use (S\$80 per day, up to 7 days)	No
Total Premium (inclusive of GST)	S\$1,178.42

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EXCESS APPLICABLE