

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	02/09/2024 10:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	01/09/2024 14:00 (SGT)
Exact Location of Accident	Senja Link, Singapore
Additional Location Information	BLK 650
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8631R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG BOCK YAM
NRIC No	S1576219E
Email Address	BANG412@GMAIL.COM
Mobile Phone No	(Phone) +65-96285534
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Outlander
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P0812819R01

DRIVER

Name of Driver	ANG BOCK YAM
NRIC No	S1576219E
Date Of Birth	12/04/1963
Occupation	Indoor
Driving Pass Date	14/09/1988
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	36 YEARS
Gender	Male
Mobile Number	(Phone) +65-96285534
Alt. Phone Number	-
Email Address	BANG412@GMAIL.COM
Address	16 CACTUS CRESCENT
Address complement	-
Postcode	809721
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)	2
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	-

PASSENGER 1

Name	ETHAN LIM
Gender	Male

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

I WAS TRAVELLING ALONG THE RIGHT MOST LANE OF 3 LANES ALONG SENJA LINK. AS I WAS TRAVELLING STRAIGHT, SOMEWHERE NEAR TO THE ENTRY TO BLK 650, ONE M/TAXI SHC1323B FROM THE CENTER LANE SUDDENLY MADE A RIGHT TURN AND THUS COLLIDED ONTO THE LEFT SIDE OF MY STRAIGHT MOVING VEHICLE. AFTER THE ACCIDENT, THE DRIVER OF TAXI INFORMED ME THAT HE JUST RECEIVED A JOB AND WANT TO TURN RIGHT. I WOULD LIKE TO STATE THAT M/TAXI AS ON THE CENTER LANE WHICH WAS ONLY A STRAIGHT MOVING LANE.

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 SHC1323B
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Taxi
Name of Driver CHUA KOON WAH
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident VEHICLE B
No. Of Passenger (Including Driver) -

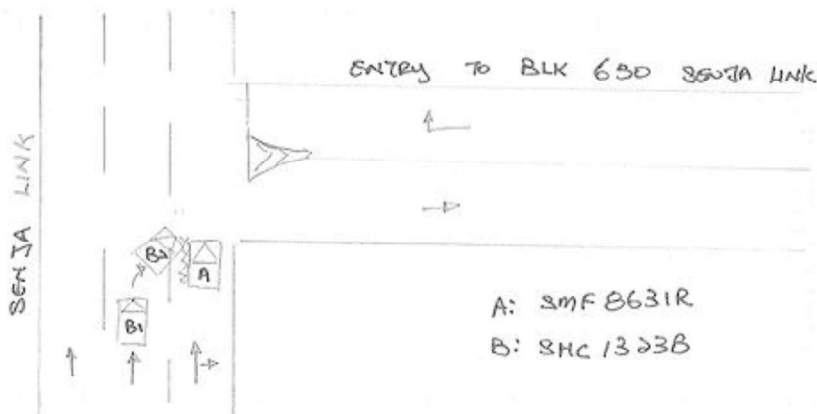
SKETCH PLAN**IMPORTANT NOTICE**

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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

I WAS TRAVELLING ALONG THE RIGHT MOST LANE OF 3 LANES ALONG SENJA LINK, AS I WAS TRAVELLING STRAIGHT, SOMEWHERE NEAR TO THE ENTRY TO POLK GSO ONE MITAXI SHC 1323B FROM THE CENTRE LANE SUDDENLY MAKE A RIGHT TURN AND THIS COLLIDED ONTO THE LEFT SIDE OF MY STRAIGHT MOVING VEHICLE. AFTER THE ACCIDENT THE DRIVER OF TAXI INFORMED ME THAT HE JUST RECEIVED A JOB AND WANT TO TURN RIGHT. I WOULD LIKE TO STATE THAT MITAXI WAS ON THE CENTRE LANE WHICH WAS ONLY A STRAIGHT MOVING LANE.

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