

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	09/09/2024 16:30 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/09/2024 16:20 (SGT)
Exact Location of Accident	33 Rochester Dr, Singapore 138638
Additional Location Information	CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6764K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	HSIEH JU CHUN
NRIC No	S7987297J
Email Address	JEAN.HSIEH1214@GMAIL.COM
Mobile Phone No	(Phone) +65-85113312
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	MERCEDES BENZ
Model	GLA180 (R18 BI)
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1595
Vehicle Fuel	Petrol
First Registration Date	11/10/2016
Chassis no	WDC1569422J257823
Effective Date/Time of Ownership	11/10/2016 08:10 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10643440R03

DRIVER

Name of Driver	HSIEH JU CHUN
NRIC No	S7987297J
Date Of Birth	14/12/1979
Occupation	Indoor
Driving Pass Date	23/08/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	11 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-85113312
Alt. Phone Number	-
Email Address	JEAN.HSIEH1214@GMAIL.COM
Address	BLK 87 ANCHORVALE CRESCENT 07-35 SINGAPORE 544628
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	Collided into Parked Vehicle
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	CHAD
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

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?	No

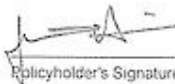
DETAILS OF OTHER VEHICLE PROPERTY 1


Vehicle Registration Number	SKM6220T
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 PLAN

IMPORTANT NOTICE

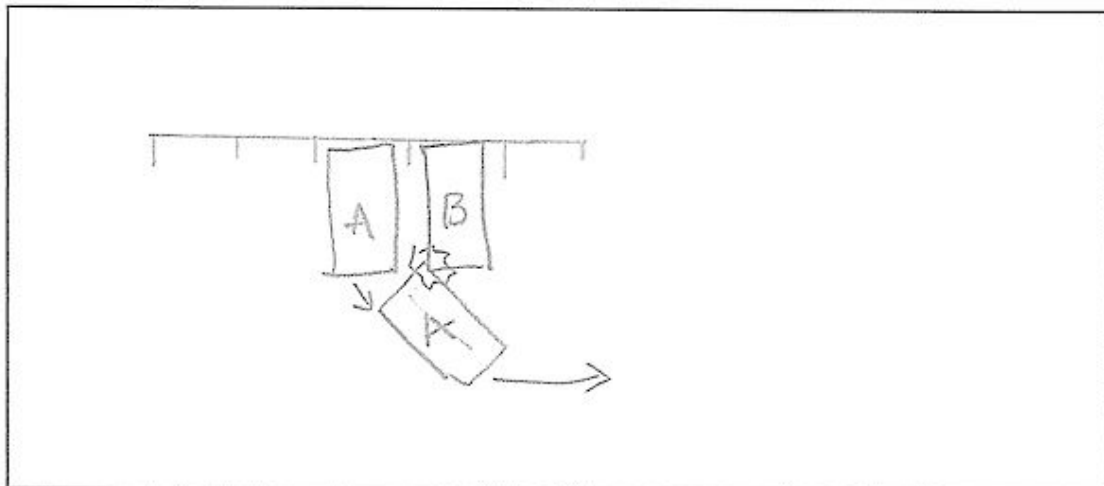
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for 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.

 9/9/24
Policyholder's Signature / Date & Time

 9/9/24
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


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

Sketch Plan



Describe Circumstance of the Accident

Date of Accident: 8 April 2024 Time: 4:20 pm Location: Rochester Residences 5F ^{carpark}

My Vehicle A: SLG 6764 K Vehicle B: SKM 6220 J Vehicle C: _____

B was still, Parked at level 5, no owner around.
A came out, turned left, my left back corner
hit B's front right corner, with some
scratches on the front bumper.

☐ 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: _____
Workshop Email Address: _____

☒ Note: Please take note that your insurer have a 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.

[Signature] 9/9/2024
Policyholder's Signature / Date & Time

[Signature] 9/9/24
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



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

















It pays to choose



Policy Schedule

Comprehensive Car Policy
Policy Number: P10643440R03

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 : P10643440R03 Policy Issued On : 09/09/2024
Policy Start Date : 11/10/2024 (00:00) Policy End Date : 10/10/2025 (23:59)

Cover

Type of Cover : Comprehensive / Authorised 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
Unnamed Driver 25 years and above : S\$ 500.00
Unnamed Driver with 2 or more years' valid driving licence : S\$ 500.00
Unnamed Driver below 25 years old : S\$ 1,500.00
Unnamed Driver with less than 2 years' valid driving licence : S\$ 1,500.00

Premiums

Gross Premium : S\$ 842.14
Prevailing GST : S\$ 75.80
Total Premium Payable : S\$ 917.94

Auto Renewal : No

Policyholder

Name : Hsieh Ju Chun
Address : 87 ANCHORVALE CRESCENT #07-35 Singapore 544628
Email Address : jean.hsieh1214@gmail.com
Mobile Number : 85113312

Main Driver

Name : Hsieh Ju Chun
Date of Birth : 14/12/1979
Gender / Marital Status : Female / Married
Occupation : Management: (Civil Servant/ Private sector)
Certificate of Merit : Yes
Licence Held For : More than 5 years

Vehicle Insured

Vehicle Registration Number : SLG6764K
Chassis Number : -
Make & Model : Mercedes Benz GLA-Class GLA180
Vehicle Colour : Purple
Year of First Registration : 2016
Sum Insured : Market Value
Off-Peak Car : No
NCD : 50%
Vehicle Usage : Private and Commuting
Modifications Declared : None

Driver Plan

Authorised Driver Plan. Household members of the Main Driver not named in the policy will not 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
Lin Sheng-Chang Chad	18/02/1979	More than 5 years