

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	28/08/2024 11:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/08/2024 11:44 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI SOUTH AVE/JUNCTION OF CHANGI SOUTH ST 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ7207D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG WEE HIONG
NRIC No	SXXXX412E
Email Address	ANG00987654321@GMAIL.COM
Mobile Phone No	(Phone) +65-90064237
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	216d
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	1395
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01027953/02

DRIVER

Name of Driver	ANG WEE HIONG
NRIC No	SXXXX412E
Date Of Birth	21/06/1974
Occupation	Indoor
Driving Pass Date	25/07/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-90064237
Alt. Phone Number	-
Email Address	ANG00987654321@GMAIL.COM
Address	61B STRATHMORE AVE #17-18
Address complement	-
Postcode	143061
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 SKETCH PLAN

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	SND1466X
Vehicle Manufacturer	BMW

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	TIANE THE (ZHENG XIAO TIAN)
NRIC No	SXXXX747D
Contact Number	(Phone) +65-96359000
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SJJ 7207D

DATE OF ACCIDENT: 27/8/24

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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 shall be collectively referred to as the "Insurer", 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:

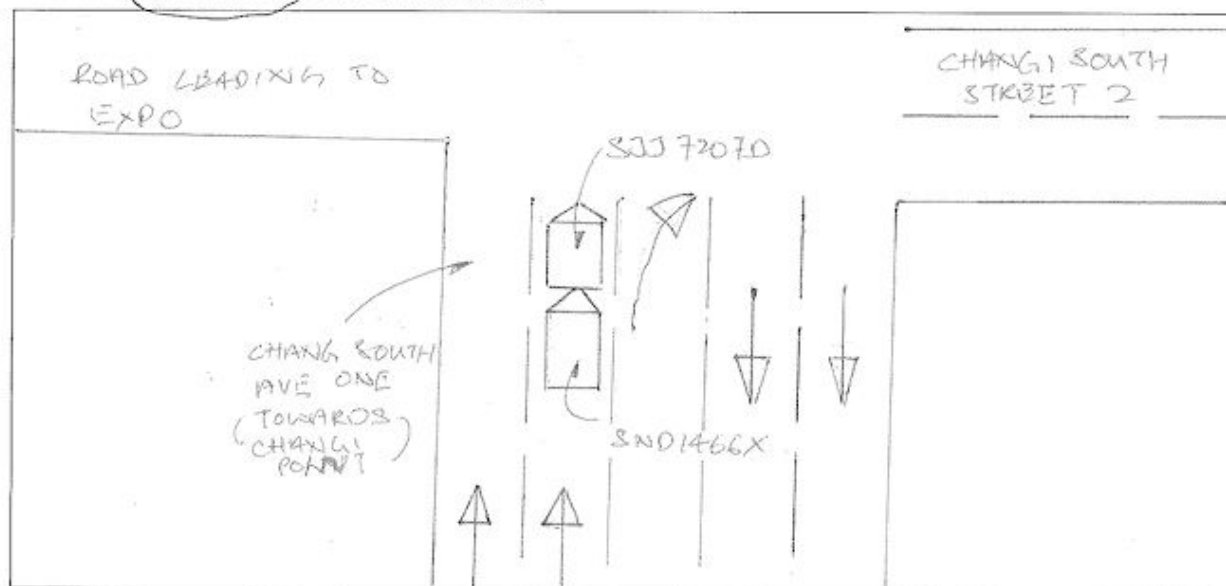
- (i) processing, handling and/ or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/ or my claims;
 - (iii) carrying out and/ or dealing with my instructions or responding to any enquiries by 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 (Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT
Sketch Plan (DRAWING- SCENE OF ACCIDENT)

VEHICLE NO: SJJ7207D

DATE OF ACCIDENT: 27/08/24

Describe Circumstances of the Accident

ON 27/08/2024 @ 1144 HRS, I WAS DRIVING MY CAR SJJ7207D ALONG CHANGI SOUTH AVE ONE TOWARDS THE DIRECTION TO# OF CHANGI POINT. I WAS ON THE SECOND LANE FROM THE LEFT AND AS I WAS APPROACHING THE JUNCTION OF CHANGI SOUTH STREET TWO, THE TRAFFIC LIGHT TURNED AMBER. I APPLIED THE CAR'S BRAKES. AS MY CAR WAS CLOSE TO A STOP, THE CAR AT THE BACK OF MY CAR COLLIDED ONTO THE BACK OF MY CAR. THE OTHER CAR NUMBER IS SJD 1466X THAT'S ALL.

REPORTING ONLY ()

OWN DAMAGE ()


THIRD PARTY ()


OWN WORKSHOP ()


Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. KINDLY REFER TO YOUR POLICY FOR MORE INFORMATION.


27/08/24
@ 1420 HRS
Policyholder's Signature / Date & Time


27/08/24
@ 1420 HRS
Actual Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ ID card)
CHARN'S CUSTOMCRAFT