

## 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 .....	20/06/2024 09:42 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	19/06/2024 06:46 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	TWDS CHANGI NEAR ONRAET RD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKV3674P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MAUNG SAN LYNN
NRIC No .....	S2691511B
Email Address .....	SANLYNN_MR@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-96979314
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Nissan
Model .....	Teana
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 .....	1997

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10944068R00

#### DRIVER

Name of Driver .....	MAUNG SAN LYNN
NRIC No .....	S2691511B
Date Of Birth .....	21/04/1959
Occupation .....	Indoor

Driving Pass Date .....	22/10/1992
Driving experience .....	31 YEARS AND 8 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96979314
Alt. Phone Number .....	-
Email Address .....	SANLYNN_MR@YAHOO.COM.SG
Address .....	647 JURONG WEST ST 61 #05-162
Address complement .....	-
Postcode .....	640647
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	MISAN
Gender .....	Female

#### 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? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SNH3836C
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) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	MAUNG SAN LYNN
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SKV3674P
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## SKETCH PLAN

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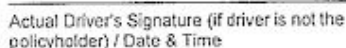
## 8. Consent under the Personal Data Protection Act (PDPA)

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.



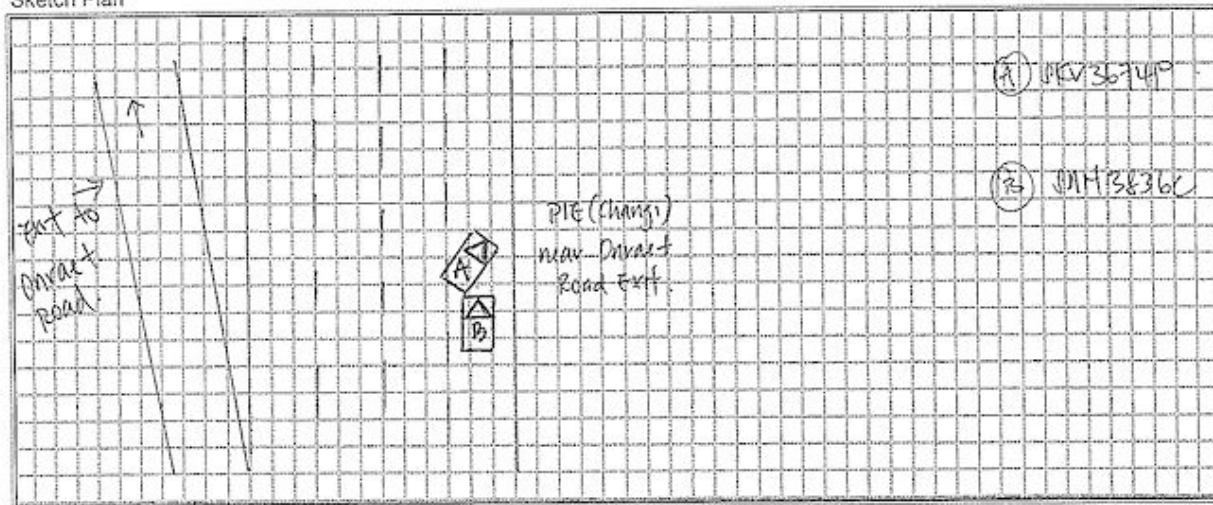
Policyholder's Signature / Date &amp; Time



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


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

## Sketch Plan



vJun2022

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Describe Circumstance of the Accident
On 19/06/2024 @ around 0646hrs, I was travelling along PTE towards Clang. While driving near to Onyx Road Exit I was on extreme right 2nd lane to extreme right 1st lane. I had made my signal to right & my car front portion had already enter onto the lane suddenly I felt an impact on my rear then realised that Vehicle B had collided onto my rear right portion.
I wish to state that my reverse sensor extreme right was dangling out after accident. I had put back temporary. The seal/washer was missing. The sensor function tested is ok at this moment.
Details: Please refer to police report made at on site.
Note: Around 5 mins before accident Vehicle B was almost stop suddenly when I was behind & I even thought that kind of mechanism failure a like was happening.
<input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input checked="" type="checkbox"/> Claim OD/TP at other workshop TBA <input type="checkbox"/> For record purpose only Policy No. P10944.06.8200. Insured Endyot Veh No. PKV3674P.

**Declaration**

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



Policyholder's Signature / Date & Time

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



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



