



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	15/10/2024 14:50 (SGT)
Reported by	Actual Driver
Date of Accident	14/10/2024 08:05 (SGT)
Exact Location of Accident	KJE, Singapore
Additional Location Information	TOWARD TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMW1874M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHENG YIN FONG
NRIC No	SXXXX199A
Email Address	SPENCER.SKLIM@GMAIL.COM
Mobile Phone No	(Phone) +65-97895235
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1598
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	P10653204R02

DRIVER

Name of Driver	LIM SEOW KANG
NRIC No	SXXXX139E
Date Of Birth	04/01/1964
Occupation	Indoor
Driving Pass Date	27/12/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96849076
Alt. Phone Number	-
Email Address	SPENCER.SKIM@GMAIL.COM
Address	225C COMPASSVALE WALK #16-347
Address complement	-
Postcode	543225
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Raining
Road Surface	Wet

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	LIM JIN HENG
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

REFER TO SKETCH PLAN.

ATTACHMENTS

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	SJJ760T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	-
Name of Driver	Private car
Contact Number	N.SHANKAR
Address	(Phone) +65-69217689
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	-
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.
By the judgement 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 should a

Consent under the Personal Data Protection Act (PDPA)

- I hereby acknowledge, agree and consent that:
- 1. My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and process my personal data/personal information set out in this [Form] and any other personal information provided by me or provided by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers". The Insurers' Insurer(s) shall have the fiduciary authority of Singapore and any relevant law, without agency/authority (such as the police), for the purpose(s) of processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to my claims.
 - 2. Investigating my accident and/or my claims.
 - 3. Carrying out and/or dealing with my instructions or responding to any inquiries by me.
 - 4. Administering my claims (including the making of correspondence, statements, invoices, reports or notices to me, which could involve the release of certain personal data about me to third parties delivery of the same as well as on the external cover of correspondence/ statements).
 - 5. Complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (Collectively the "Purposes")
- 6. All insurers who have insured vehicle(s) involved in this accident and the Insurers' Insurer(s) may be permitted to collect, use and process my Personal Information for one or more of the above Purposes, and
 - 7. 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 Insurer(s) firms), which may be based outside of Singapore for any or more of the above Purposes.

Chen
Signature of Policyholder / Date & Time

[Signature]
Signature of Actual Driver / Date & Time

[Signature]
Signature of Reporting Centre Personnel / Date & Time

Sketch Plan

	A - SMW 1874M B - SJS 760T ←
<div style="position: relative;"> <div style="position: absolute; top: 0; right: 0;">←</div> <div style="position: absolute; bottom: 0; right: 0;">←</div> </div>	

Describe Circumstance of the Accident

VEHICLE NO

CONTACT NUMBER

LOCATION

ACCIDENT DATE & TIME

E-MAIL

On 14 Oct 2024, 8.05am on KJE toward Tiers. Traffic was Heavy, vehicles were moving slowly. Suddenly there was a Hard Band at my rear.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN

OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

STATE STATE

CLAIM DAMAGE TO CL

THIRD PARTY CLAIM

CLAIM DAMAGE TO OTHER VEHICLE

CLAIM DAMAGE TO OTHER PROPERTY

Declaration

I hereby declare the foregoing particulars are true in every respect

Rob Wang

(Signature)

(Signature)

(Signature)