



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	14/10/2024 15:05 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	12/10/2024 11:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	LOEWEN ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFL268K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	EMMANUEL DUNCAN CHUA
NRIC No	SXXXX897C
Email Address	EMMANUEL.DUNCAN.CHUA@GMAIL.COM
Mobile Phone No	(Phone) +65-93861902
Alternative Phone No	+65-93801900

VEHICLE PARTICULARS

Manufacturer	Skoda
Model	Superb
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	1984
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	HL Assurance Pte Ltd
Policy Number / Cover Note Number	MP323173

DRIVER

Name of Driver	EMMANUEL DUNCAN CHUA
NRIC No	SXXXX897C
Date Of Birth	25/12/1983
Occupation	Indoor
Driving Pass Date	02/12/2008
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93861902
Alt. Phone Number	+65-93801900
Email Address	EMMANUEL.DUNCAN.CHUA@GMAIL.COM
Address	10 LORONG BIAWAK
Address complement	-
Postcode	358772
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 - Opening Door of Vehicle
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
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	YVETTE LORETTA ANTHONY
Gender	Female

PASSENGER 2

Name	GRANT
Gender	Male

PASSENGER 3

Name	CONOR
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

PLEASE REFER TO ACCIDENT 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	SNR8872L
Vehicle Manufacturer	Byd
Vehicle Model	E6
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	STEFAMIE
Contact Number	(Phone) +65-82026774
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEH A: SFL 268K
VEH B: SNR 8812L
VEH C:

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

I understand, acknowledge, agree and consent that:

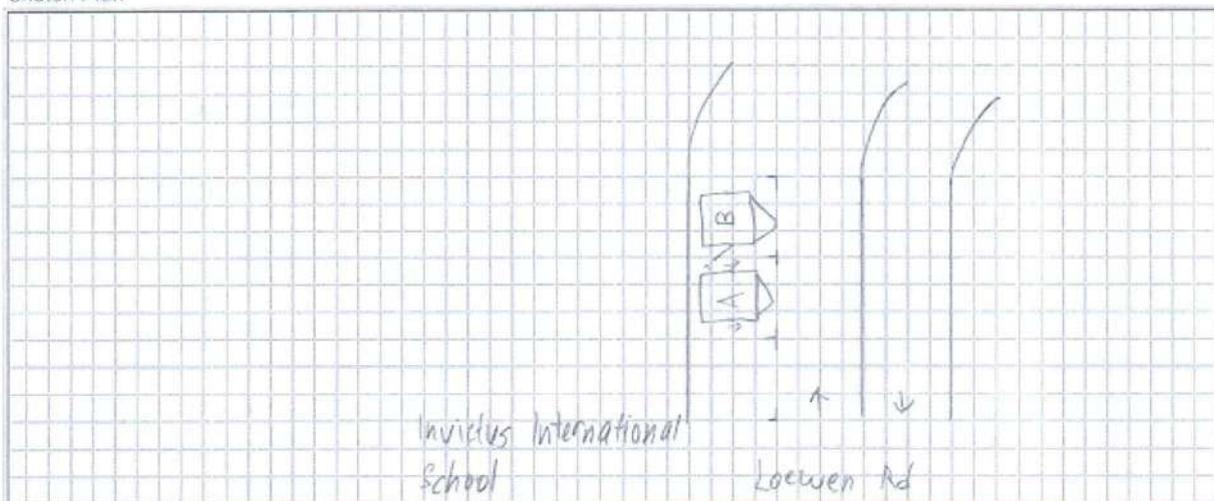
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

[Signature]
940am
14 Oct 24
Policyholder's Signature / Date & Time

[Signature]
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: 12/10/24 TIME OF ACCIDENT: 11:45 AM
 VEH A: SFL 28K VEH B: SNR 8872L VEH C:

On 12 October 2024, I was at the car park of Swiss! Swim school at Loewen Road. My children (2) had finished their swimming class and I had loaded them into the car. My wife was also with me.

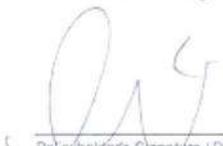
I ~~was~~ had strapped everyone in and was preparing to move off, after checking both my sides and back in the usual way. As I moved off, I heard a sound at the back left car door side. I stopped the car and realised that the car next to me, a BYD white car, had opened his rear right door widely, and that the sound ~~may have~~ had come from the door hitting my car, and ~~causing~~ my car moving off. ^{the BYD}

At the time, as I did not think the impact was significant, and the passenger (male who had opened the door) ~~seems~~ said it was fine, I drove off. It was only after I stopped the car for lunch and inspected my rear left door, that I noted the deep dents and scratches to my car. I believe this impact was only possible due to the passenger of the BYD opening his door in a manner that hit my car door, ~~and~~ such that it lodged into my car. When I moved off, the impact dug into my left rear door, causing these deep dents.

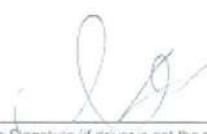
I do not think that motorists should open their doors in such an inconsiderate manner that causes other cars to be damaged. As a driver, I was ~~also~~ also very surprised that this incident had happened despite me doing my safety checks before moving off. (should add that I drove off in a ~~straight~~ straight line, and did not veer into his lane at all.

Declaration

(We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

9:40 am
 14 Oct 2024


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



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