

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	28/10/2024 13:39 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	27/10/2024 14:00 (SGT)
Exact Location of Accident	Lavender St., Singapore
Additional Location Information	LAVENDER STREET TURNING INTO JALAN BESAR SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU3019L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIEW KING TIONG
NRIC No	S2500748D
Email Address	PAULCHIEW09@GMAIL.COM
Mobile Phone No	(Phone) +65-91782616
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	COROLLA ALTIS CLASSIC 1.6 CVT
Variant	TOYOTA / COROLLA ALTIS CLASSIC 1.6 CVT
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	16/07/2015
Chassis no	MR053REH104535065
Effective Date/Time of Ownership	16/07/2015 08:07 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P11092717R00

DRIVER

Name of Driver	CHIEW KING TIONG
NRIC No	S2500748D
Date Of Birth	21/06/1957
Occupation	Indoor
Driving Pass Date	21/12/1985
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	38 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91782616
Alt. Phone Number	-
Email Address	PAULCHIEW09@GMAIL.COM
Address	BLK 6 PANDAN VALLEY 13-602 SINGAPORE 597630
Address complement	-
Postcode	597630
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	Side Swipe
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	WONG SIONG NGO
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 ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PD177M
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHD ISKANDAR SHAH ABDULLAH @ DARSHAN SINGH S/O AJAIB SINGH
NRIC No	S1434937E
Contact Number	(Phone) +65-85958407
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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**")

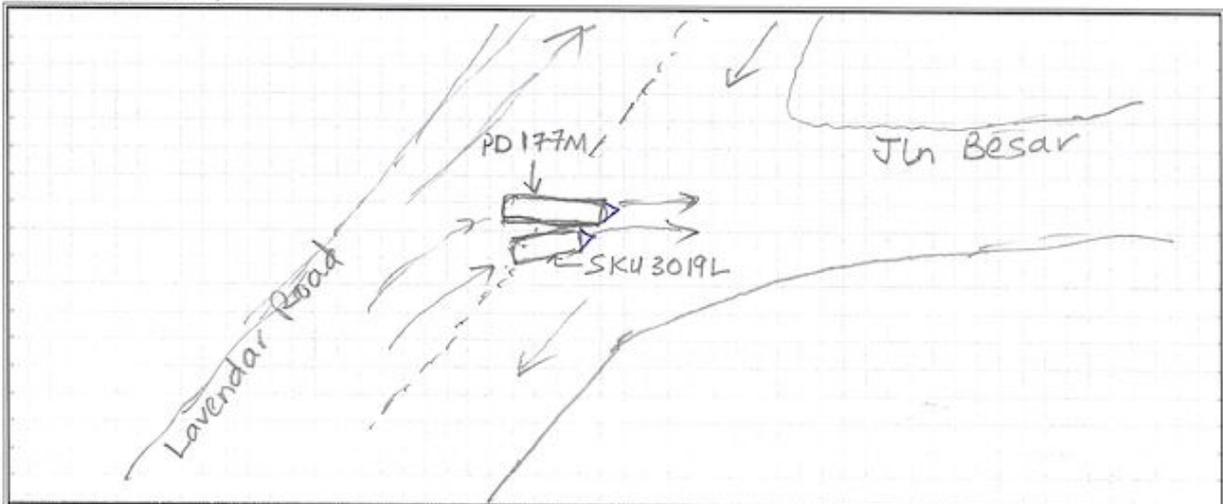
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

[Handwritten Signature]
 Policyholder's Signature / Date & Time
 28/10/24
 Sketch Plan 11-11 am

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

[Handwritten Signature]
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)



Describe Circumstance of the Accident

Note: || car 1 - SKU3019L (my car)
 || car 2 - PD 177M

On 27 Oct 2024 about 2 pm, I was at Lavender Road. Both car 1 and car 2 are turning right from Lavender Road to Jalan Besar. The traffic was clear; weather is good and clear.

As I was turning right ^{to go} into Jalan Besar (for a short distance), car 2 knocked into the front left side of my car. I immediately swerved to the right after the knock and stopped. Then both cars moved to the right side of Jalan Besar to avoid obstruction to traffic.

The other party claimed that the body of his van on the right, where the "Madame Tussauds" sticker is, has been bended in. I went to touch the so-called damage that the other party claimed but didn't see any noticeable bending in. I informed him that as both cars are turning, his car (car 2) cut into too close to my car, hence knocking into my car on the front left.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.


 Policyholder's Signature / Date & Time
 28/10/24
 11.11 am

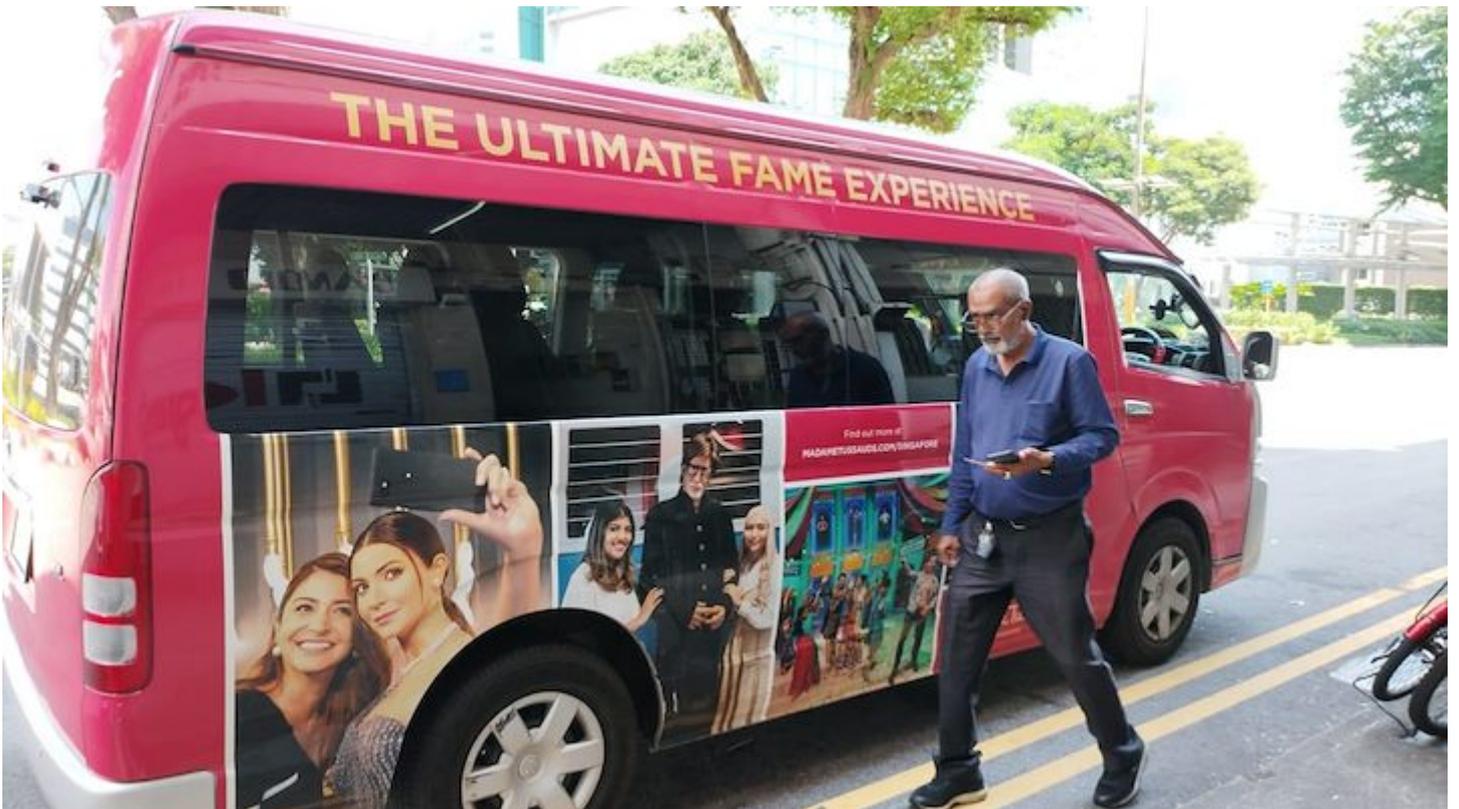
 Driver's Signature (if driver is not the policyholder) / Date & Time


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

















Circle in orange - other party claimed that it was bended in



Reply



Other party claimed area bended in at "Madam Tussard" poster



Reply



















































