

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	04/11/2024 13:53 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/11/2024 09:06 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BLK 824 JURONG WEST ST 81
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK2819S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA LYE HENG WILBERT
NRIC No	S7104881J
Email Address	lhchua88@hotmail.com
Mobile Phone No	(Phone) +65-82802819
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E200
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	2022
Vehicle Fuel	Petrol
First Registration Date	30/06/2022
Chassis no	W1K2130802B058624
Effective Date/Time of Ownership	30/06/2022 00:00 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	MZD05446

DRIVER

Name of Driver	CHUA LYE HENG WILBERT
NRIC No	S7104881J
Date Of Birth	29/01/1971
Occupation	Indoor
Driving Pass Date	13/07/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-82802819
Alt. Phone Number	-
Email Address	lhchua88@hotmail.com
Address	BLK 825 JURONG WEST ST 81
Address complement	#02-416
Postcode	640825
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 on collision
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	ANNIE LIM
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 ATTACH

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	SHD8627Z
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)	-

SKETCH PLANIMPORTANT NOTICE

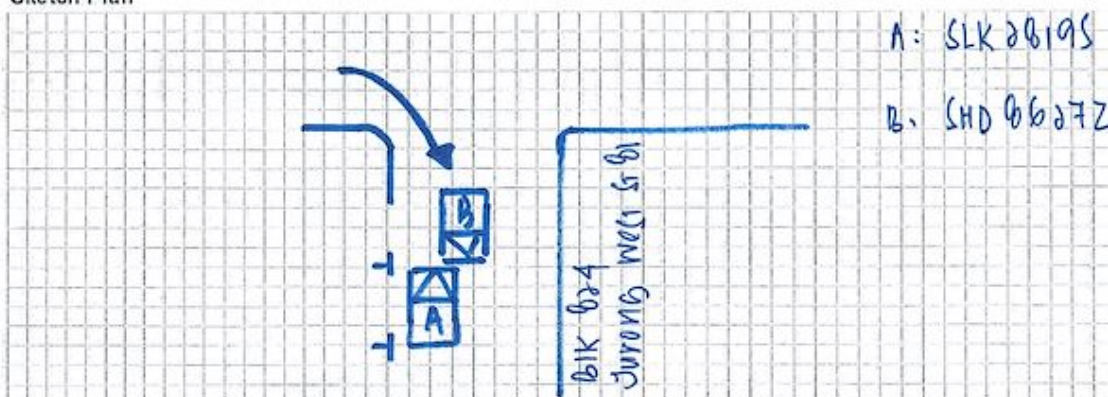
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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 (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.



Kerlyn Ong Kai Li
 DID: 6771 4420 HP: 9186 5113
 Email: kerlyn.ong@cyclecarriage.com.sg
 Cycle & Carriage Industries Pte Ltd
 Customer Service Centre, Raffles City, Raffles Loop
 Witnessed by Reporting Officer
 Personnel **KERLYN**

Policyholder's Signature / Date &
 Time 02/11/2024 1140

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

Sketch Plan

Describe Circumstances of the Accident

I WAS DRIVING MY CAR (SLK2819S) ALONG BLK 824 JURONG WEST ST 81. AS I WAS GOING STRAIGHT, VEHICLE B (SHD8627Z) TURNING IN FROM MAIN ROAD DID NOT KEPT HIS LANE AND DROVE DIRECTLY TOWARD MY LANE.

I HORNED HIM, BUT HE DID NOT STOP AND COLLIDED HEAD ON WITH ME.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time 02/11/2024 1140

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

Kerlyn Ong Kai Li
DID: 6771 4420 HP: 9186 5113
Email: kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

Witnessed by Reporting Centre
Personnel KERLYN