

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	11/11/2024 10:34 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/11/2024 13:25 (SGT)
Exact Location of Accident	Upper Changi Rd E, Singapore
Additional Location Information	EXITING TO TAMPINES AVENUE 7/LOYANG AVENUE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLU2680X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN EE KIAT
NRIC No	SXXXX042D
Email Address	EK_GAN@YAHOO.COM
Mobile Phone No	(Phone) +65-96823977
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	MAZDA6 SEDAN 2.5 AT PREMIUM EU6
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	2488
Vehicle Fuel	Petrol
First Registration Date	28/11/2017
Chassis no	JM6GL1031J0131604
Effective Date/Time of Ownership	28/11/2017 11:11 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/00863234

DRIVER

Name of Driver	GAN EE KIAT
NRIC No	SXXXX042D
Date Of Birth	26/03/1970
Occupation	Indoor
Driving Pass Date	15/01/1998
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	26 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96823977
Alt. Phone Number	-
Email Address	EK_GAN@YAHOO.COM
Address	BLK 208 UPPER EAST COAST ROAD 02-01 SINGAPORE 455287
Address complement	-
Postcode	-
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 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?	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	YAP YOKE WOO
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

STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD TEL 67415336

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	SHC3801A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	AH HUAT
Contact Number	(Phone) +65-85116613
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:

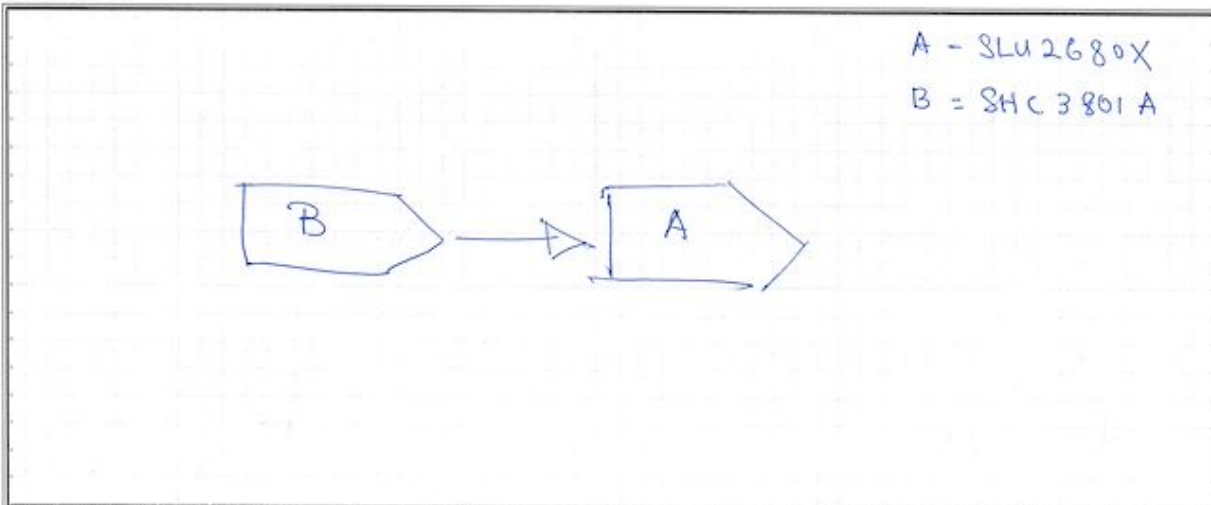
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

11/11/24 10:18am
Policyholder's Signature / Date & Time

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

1. DRIVING ON UPPER CHANGI ROAD EAST, EXITING TO TAMPINES AVE. 7 / LOYANG AVE AT ENTRANCE / EXIT OF LTA PROJECT WORK SITE WITH WET CONDITIONS IN LIGHT RAIN.
2. SITE WORKER FLAGGING ONCOMING TRAFFIC TO ALLOW TRAILER EXITING WORK SITE.
3. IT WAS UNCLEAR HOW MUCH ADVANCE TIME WAS GIVEN, BUT A SMALL LORRY SUDDENLY JAMMED BRAKE IN FRONT OF ME.
4. MY VEHICLE SLU 2680X STOPPED COMFORTABLY IN TIME.
5. UNFORTUNATELY, A TAXI SHC 3801A DID NOT AND REAR-ENDED ME SECONDS LATER.
6. AS I GOT OUT OF MY CAR I SAW ANOTHER TWO VEHICLES SMQ 2855T AND SLZ 6850U INVOLVED IN A SEPARATE COLLISION BEHIND US.
7. PHOTOS AND A VIDEO FOOTAGE HAVE BEEN PROVIDED FOR YOUR REFERENCE.

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.

Policyholders Signature / Date & Time
11/11/24
10:18 am

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

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