

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 14:18 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/11/2024 12:04 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG WOODLAND RD TOWARDS WOODLAND NEAR MINDER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SND4845R
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN WAI MENG
NRIC No	SXXXX658F
Email Address	WMCHAN1973@GMAIL.COM
Mobile Phone No	(Phone) +65-96958421
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	1998
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5021251

DRIVER

Name of Driver	CHAN WAI MENG
NRIC No	SXXXX658F
Date Of Birth	06/08/1973
Occupation	Indoor
Driving Pass Date	27/01/1996
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	28 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96958421
Alt. Phone Number	-
Email Address	WMCHAN1973@GMAIL.COM
Address	60 MOONSTONE LANE #05-07
Address complement	-
Postcode	328498
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)	1
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	-

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 ATTACHMENT

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	SH7941X
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Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 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.

Chang 04/11/24
Policyholder's Signature / Date & Time

Chang 04/11/24
Driver's Signature (if driver is not the policyholder) / Date & Time

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

Sketch Plan

A = 9ND4845R
B = 8H7941X

Along Woodland Rd towards Woodland Near Minder

Describe Circumstance of the Accident

Date of accident: 02 Nov 2024 (Sat)
 Time of accident: Slightly after 12pm
 Location: Along Woodland Road towards Woodland. Near MINDEF.

I was trying to change to the left lane ~~the~~ when the lane was clear after checking the blind spot was clear. I gradually drove out to enter the left lane, then suddenly a blue Comfort taxi (plate no. SH 7941X) ~~cut~~ cut in ^{my} front left front.

The taxi did not turn on ^{my} the right signal light when he was changing lane.

During the time when we exchanged info on contact number, he said that he did not see my car coming out.


I was surprised with what he said ~~when~~ when I turned on my left signal light all the while and I did not do an abrupt turn out to the lane.


From the video, one can see that I stopped ample distance behind the bus with my left signal light turned on.


The bus in front & the car on the left lane should capture the video showing that my signal light was on.

Declaration

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


 Policyholder's Signature / Date & Time
 04/11/2024


 Driver's Signature (if driver is not the policyholder) / Date & Time
 04/11/2024


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