SM0Z24BI0007-01 / MODERN AUTOMOTIVE PTE LTD
ENTRY DATE & TIME: 18/11/2024 16:54 (SGT)
SUBMITTED BY: HO MEEI HUEY
VERSION: 2 (19/11/2024 10:46 (SGT))

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 witholding 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	18/11/2024 16:54 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	16/11/2024 18:18 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	HILLION MALL B1 CP
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8004D

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MA JUNXIANG
NRIC No	S8817267A
Email Address	MRMJX8@GMAIL.COM
Mobile Phone No	(Phone) +65-96330409
Alternative Phone No	-

VEHICLE PARTICULARS

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

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VP05034445

DRIVER

Name of Driver	MA JUNXIANG
NRIC No	S8817267A
Date Of Birth	19/05/1988
Occupation	Indoor
Driving Pass Date	16/02/2009
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	15 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96330409
Alt. Phone Number	-
Email Address	MRMJX8@GMAIL.COM
Address	BLK 464B BUKIT BATOK WEST AVE 8 #13-924
Address complement	-
Postcode	652464
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 - Change/cross lane
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	PASSENGER 1
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

AS PER ATTACHED 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	SLN8251Z
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN WEE KEONG ALVIN
NRIC No	S8710316A
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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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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.
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.

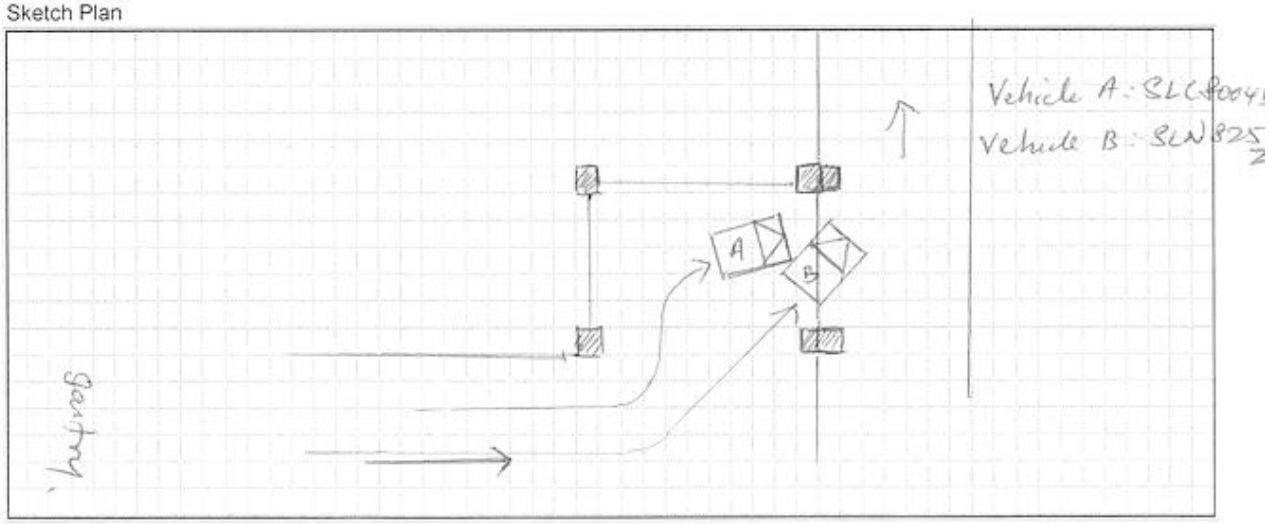
(collectively the "**Purposes**")

(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.

Policyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
18/11/24 1047hrs.		

Sketch Plan



Describe Circumstance of the Accident

On 16/11/24 at about 1818hrs, vehicle A (SLC8804D) was queuing behind an Audi and Vehicle B (SLN8251Z) was queuing behind Vehicle A, to enter the basement carpark of Hillion Mall. After passing the gantry Vehicle A continued to follow behind the Audi when vehicle B suddenly overtook Vehicle A from the right side and cut in between vehicle A and the Audi. Vehicle A then veered to the left to avoid hitting Vehicle B. Afterwhich, Vehicle A continued to queue behind the Audi. However, upon noticing Vehicle B ~~went~~ insist in forcing its way in, Vehicle A then came to a complete stop to allow Vehicle B to cut in. I then noticed Vehicle B was driving to closely to Vehicle A so I Honk at Vehicle B to warn him but Vehicle B continued to squeeze through which resulting the left rear portion of Vehicle B to collide with front right portion of Vehicle A. I wish to highlight that vehicle A was not in motion when the ~~accident~~ collision took place. No injury involved. That is all.

Declaration

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

18/11/24

Policyholder's Signature / Date & Time

10:47hrs.

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

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

AUTOMOTIVE PTE LTD MODERN (GST Reg. No. 200501102H)

vJun2022

2

IMAGES

IMAGES #2

IMAGES #3

IMAGES #4

IMAGES #5

IMAGES #6

IMAGES #7


0
20
40
60
80
100
120
140
160
180
200
220
240
260
km/h
TRIP
A
5202
122489km

IMAGES #8


MODEL :
PAINT
41W
JM6GJ1072G0232636
VEHICLE ID.NO.
Mazda Motor Corporation

IMAGES #9

GENERAL INSURANCE ASSOCIATION
RECORD MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SM0Z24BI0007 Vehicle Registration No: SLC8004D

Name (as shown in NRIC): Ma Junxiang NRIC/FIN/Passport No: Sxxxxx367A

(*Vehicle Driver/Policyholder) (*) Please delete as appropriate

Address: 464B Bukit Batok west Ave 8 #13-924 Singapore (652464)

Contact (Tel): Mobile No.: 91633409

Email Address: mrmjx8@gmail.com

Date of Accident: 16/11/24 Time of Accident: 15:18

Place of Accident: Hillion Mall B1 CP

Insurance Company: Lonpac Insurance Bhd

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

Reupload sketch plan & photos

Policyholder / Actual Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name (as in NRIC/ID card):
Date: