

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	02/12/2024 12:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	02/12/2024 08:45 (SGT)
Exact Location of Accident	Near 604 Hougang Ave 3, Singapore 538847
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2060B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAN KIA HEE JIMMY
NRIC No	S1807502D
Email Address	jimmygan67@yahoo.com.sg
Mobile Phone No	(Phone) +65-93631967
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Hr-v
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	1496
Vehicle Fuel	Petrol
First Registration Date	03/08/2017
Chassis no	JHMRU1810GX202363
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z24VP05035869

DRIVER

Name of Driver	GAN KIA HEE JIMMY
NRIC No	S1807502D
Date Of Birth	05/11/1967
Occupation	Indoor
Driving Pass Date	09/03/1994
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	30 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93631967
Alt. Phone Number	-
Email Address	jimmygan67@yahoo.com.sg
Address	BLK 120A RIVERVALE DRIVE
Address complement	#08-366
Postcode	541120
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)	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

ON 02/12/2024 AT ABOUT 0845 HOURS, I WAS TRAVELLING ON THE EXTREME LEFT LANE ALONG HOUGANG AVENUE 3 TOWARDS EUNOS/STILL ROAD DIRECTION. JUST AFTER PASSING THE SHELL PETROL KIOSK, I STOPPED MY VEHICLE (REGN NO: SLR2060B) BEHIND SEVERAL VEHICLES AS THE TRAFFIC LIGHTS IN FRONT WERE RED. AFTER A WHILE, WHEN THE TRAFFIC LIGHTS TURNED GREEN AND THE VEHICLE BEHIND ME SOUNDED THE HORN, I MOVED FORWARD. JUST THEN A LORRY (REGN NO: GBH5646M) TRAVELLING ON MY RIGHT, SUDDENLY CUT INTO MY LANE AND AS A RESULT, THE REAR LEFT PORTION OF GBH5646M COLLIDED ONTO THE FRONT RIGHT PORTION OF MY MOVING VEHICLE SLR2060B. NEXT I STOPPED MY VEHICLE, ALIGHTED, TOOK PHOTOS AND EXCHANGED PARTICULARS. THE DRIVER OF GBH5646M, MR CHIA CHIEW KOON KNEW THAT THE ACCIDENT WAS DUE TO HIS FAULT AND ADVISED ME TO CLAIM AGAINST HIS INSURANCE. FORTUNATELY NO ONE WAS INJURED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
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Was there any video captured by Car Camera? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH5646M
Vehicle Manufacturer	Toyota
Vehicle Model	Dyna
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	CHIA CHIEW KOON
NRIC No	S1549832C
Contact Number	(Phone) +65-91827265
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR LEFT PORTION DAMAGED
Details of property damaged in accident	REAR LEFT PORTION DAMAGED
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

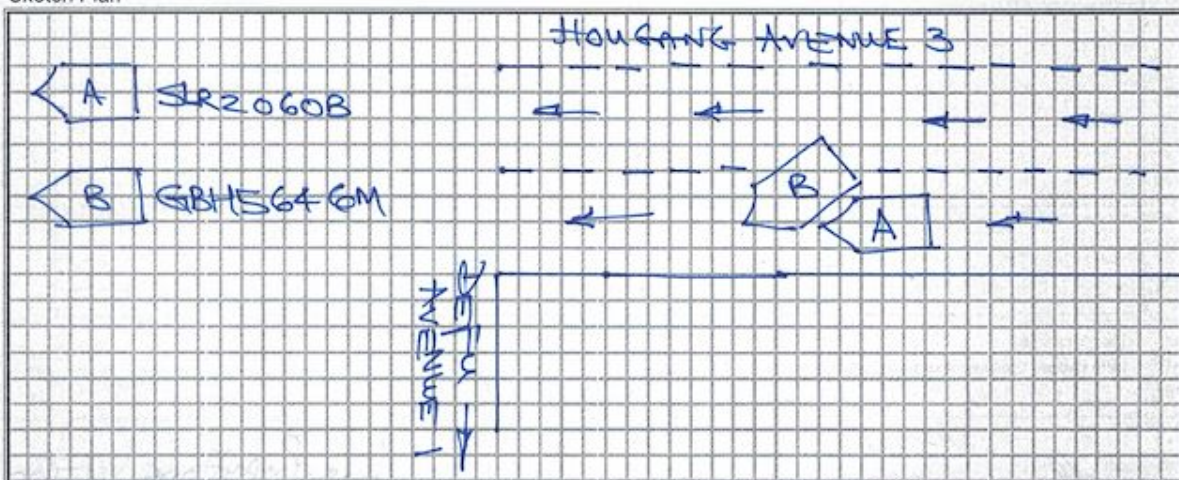
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Chen Jinyang 2/12/2024
Policyholder's Signature / Date & Time
10:45 AM

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

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

Sketch Plan



vJun2022


1

Describe Circumstance of the Accident

REFER TO REPORT

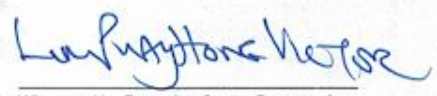
Declaration

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

 2/12/2024
10:45AM

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)