

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

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  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 Reported by Date of Accident Exact Location of Accident Additional Location Information Country/State of Loss	09/12/2024 17:47 (SGT) Both Policyholder and Actual Driver 07/12/2024 21:30 (SGT) Singapore PIE TOWARDS TUAS AT BUKIT BATOK EXIT Singapore			
DETAILS OF	OWN VEHICLE			
Vehicle Registration Number				
INSURED/POLICYHOLDER				
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	; ;; ; ====:=== :: ; ==== ::: ; ==== ::: ;			
VEHICLE PARTICULARS				
Manufacturer  Model  Variant  Exact purpose for which vehicle was being used at time of accident	Honda ODYSSEY 2.4 EX-S CVT -			
Are you claiming under your own insurance policy for repair to your vehicle?  Vehicle Category	No - Claiming third party Private car			

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01429153

Vehicle Fuel First Regisration Date Chassis no ..... Effective Date/Time of Ownership

Name of Driver	AMELIA CHRISTINE SOONG
NRIC No	Test 21D
Date Of Birth	31/03/2004
Occupation	Indoor
Driving Pass Date	25/10/2023
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	1 YEAR AND 2 MONTHS ,
Gender	Female (Phone) LGE 07347784
Alt. Phone Number	(Phone) +65-97247784
Email Address	AMELIA.SOONG@GMAIL.COM
Address	1B OUBE GROE #1208
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	Clear
Road Surface	Dry
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OTHER INFORMATION	
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Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	
Nama	
Name Gender	CHRISTOPHER MICHAEL NG
	Male
SET NEW CONTROLLER AND	
DEIMESON POLICE MONTHS IN THE STATE OF THE S	
Men the applicant reported to the police?	N
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?	NO
CIRCUMSTANCES OF ACCIDENT	where the contract of the con
REFER TO SKETCH PLAN	
ATTACHMENT(\$)	
Are assident photos quallable for ettechment?	
Are accident onotos avanable ior anacimient	Yas
Are accident photos available for attachment?  Was there any video captured by Car Camera?	Yes No

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU492K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
Name of Driver	BRENDA
Contact Number	_
Address	_
Address complement	_
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_
No. Of Passenger (including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJ5117H
Vehicle Manufacturer	_
Vehicle Model	=
Vehicle Variant	-
Vehicle Colour	_
Vehicle Category	NA / Unknown
Name of Driver	SEBASTIAN
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

VEHICLE NO: DATE OF ACCIDENT:

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of the policy Eablity on the part of insurance companies.
- 5. Any false reporting may be raffered to the Traffic Police Department for investigation.
- 6. This report will be forwarded by the insurans to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving abd that copies of this report will for a fee be made available upon application by Interested parties.
- By the ledgement 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 Ceneral insurance Association of Singapore ("GIA") may/ are permitted to collect, use, disclose and /or process my personal data/ personal information sel 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 shall be collectively reflered to as the "Insurer"), the insurers' lawyers' law firms, the Monetary Authority of Singapore and any relevant government agency hotherity of Singapore and any relevant government.

(f) processing, handing 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 chains;
- (iii) carrying out and/ or dealing with my instructions or responding to any enquiries by me;
- (e) administering my claims (including the mailing of correspondence, statements, two/ces, reports or notices to me, which could involve disclose of certain personal data about me to bring about delivery of the same as well as on the external cover of onvelopes/ mail packages); and/ or
- (v) complying with applicable taw in administering, processing, handling and/ or dualing with my claims.

(collectively the "Purposes")

(b) dil insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers! law firms, may! are permitted to collect, uso, 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 atrove Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card) CHARN'S CUSTOMCRAFT

Sketch Plan (DRAWING-SCENE OF ACCIDENT)

Entry A TR 1130 22

B. Chi 492 F

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Describe Circumstances of th	e Accident			
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Pacteration We declare the foregoing particula	rs are true in every respect.	TIMEFRAME FO DAMAGE CLAII	OR YOU TO	J MAY HAVE 14-DAYS SUBMIT AN OWN OUR POLICY, KINDLY FOR MORE INFORMATIO
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licyholder's Signature / Date & Time	Actual Driver's Signature (8 3 / Date & Time	0.420	(Name as ú	by Reporting Centre Person  NRIC/ ID card)  CUSTOMCRAFT