

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	20/12/2024 17:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	11/12/2024 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TELOK BLANGAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX4287U
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAU CHER HWA, JOSEPH
NRIC No	S8838456C
Email Address	JOSEPHHTAYCH@GMAIL.COM
Mobile Phone No	(Phone) +65-81184230
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1790
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10709110R02

DRIVER

Name of Driver	SIE AIK SENG
NRIC No	S0107839I
Date Of Birth	21/08/1954
Occupation	Indoor
Driving Pass Date	11/05/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98348374
Alt. Phone Number	-
Email Address	AIKSENG.SLE@GMAIL.COM
Address	BLK 87 ZION ROAD #10-176
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FATHER IN LAW
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 SKETCH PLAN

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN2770C
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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

VEHICLE NO: SLX 42874
DATE OF ACCIDENT: 11/12/2024
10.30

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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 shall be collectively referred to as the "Insurer", 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

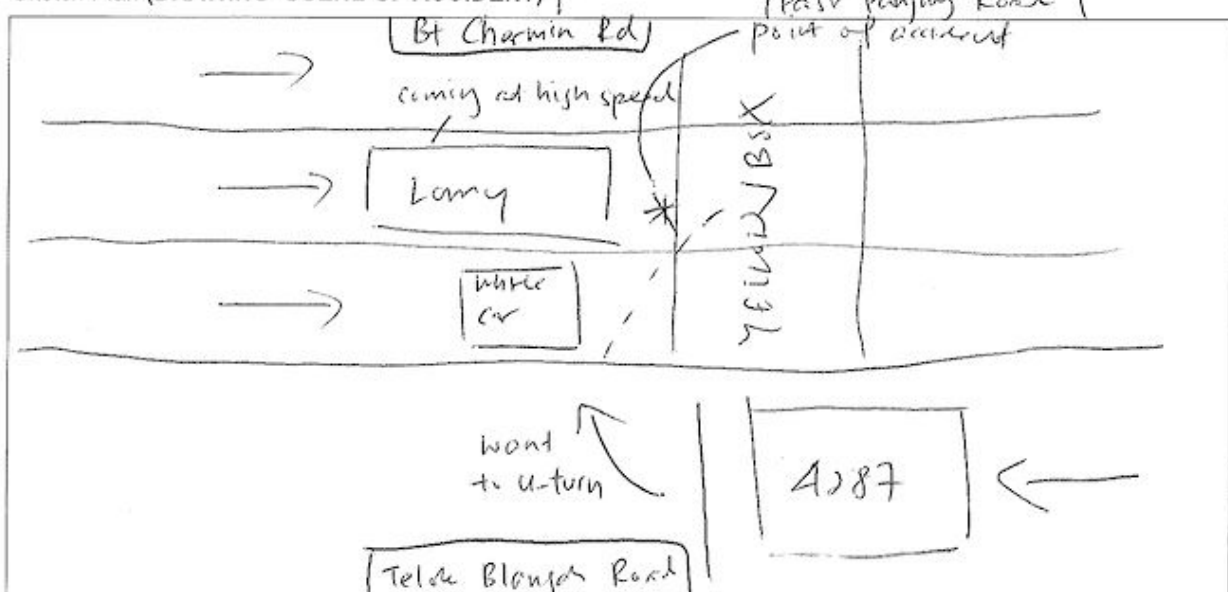
(c) my Personal Information may/ can be disclosed by any of the Insurers and/ or GIA to their third party service providers or agents (including their lawyers/ law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

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

Sketch Plan (DRAWING- SCENE OF ACCIDENT)



VEHICLE NO: SLX 42874

DATE OF ACCIDENT: 11/12/2024

Describe Circumstances of the Accident

I was driving at the right side of the lane along Telok Blengah Road towards Past Panjong Road and entered a U-turn. Before I made the U-turn, I checked the road was clear. Upon making a U-turn, I saw a lorry speeding up and subsequently hit the left rear of my vehicle, damaging the left tail and signal light, shattering the glass and causing damage (scratches and dent) to the body below the tail light.

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration

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

NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. KINDLY REFER TO YOUR POLICY FOR MORE INFORMATION.

from the date of accident to claim own damage

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)
CHARN'S CUSTOMCRAFT























