# 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 27/06/2024 15:30 (SGT) Reported by **Actual Driver** Date of Accident 27/06/2024 07:10 (SGT) Exact Location of Accident Singapore Additional Location Information ALONG LOYANG AVE/AFTER LOYANG WAY 4 Country/State of Loss Singapore

## **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SNR4751D

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHIN WAI LEONG** NRIC No S7210181B Email Address LEONGWLCHIN@GMAIL.COM Mobile Phone No (Phone) +65-96953138 Alternative Phone No

#### VEHICLE PARTICULARS

Manufacturer Volkswagen Model TOURAN 1.6 TDI AT 1T332Z 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 1598

#### **INSURANCE COMPANY**

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Policy Number / Cover Note Number MT/01553733

#### DRIVER

Name of Driver **BRYAN CHIN** NRIC No T0022580G Date Of Birth 03/06/2000 Occupation Indoor

Driving Pass Date	07/02/2019
Driving experience	5 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92210532
Alt. Phone Number	-
Email Address	BRYANCHIN2000@GMAIL.COM
Address	26 KISMIS GREEN
Address complement	-
Postcode	- 
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured  Does Driver Own Other Vehicles?	Child
Vehicle Registration Number of Other Vehicle Owned by Driver	No
vehicle (Negistration) Number of Other Vehicle Owned by Driver	_
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
GENERAL INFORMATION OF THE ACCIDENT	
T (A ) 1	
Type of Accident	Collision - Head to Rear
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	
Original language used in the statement	-
PASSENGER 1	
Name	LING SHU YI
Gender	Female
	Tentale
DETAILS OF DOLLOT ACTION	
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	
THE ETT TO OTHER DATA	
ATTACHMENT(S)	
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	CB817OT
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Colour Vehicle Category NA / Unknown Name of Driver ANTHONY TAN WEI QIANG NRIC No S9023187A Contact Number (Phone) +65-93831344 Address Address complement Postcode Insurance Company Name Nature Of Damage Details of property damaged in accident No. Of Passenger (Including Driver)

# WITNESS DETAILS

## WITNESS 1

Name NAS AMIN

Phone (Phone) +65-91008967

Email -

## SKETCH PLAN



VEHICLE NO: SNR 4751 D DATE OF ACCIDENT: 27/6/24

#### ORTANT NOTICE

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of the policy liability 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 insurers 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.
- 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 possesed 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 reffered 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 disclose 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.

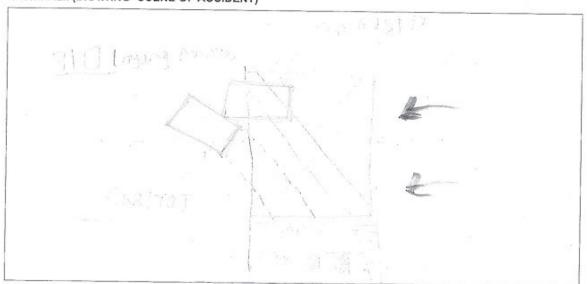
Policyholder's Signature / Date & Time

27 Jun 2024, 11.52 am

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; SNR 4		ATE OF ACCIDENT	a Sec. morest to se to di
Describe Circumstances of	the Accident		8230
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REPORTING ONLY ()	OWN DAMAGE()	THIRD PARTY	() OWN WORKSHOP (
eclaration We declare the foregoing particula	ars are true in every respect.	DAMAGE CLAIR	E THAT YOU MAY HAVE 14-DAYS OR YOU TO SUBMIT AN OWN M UNDER YOUR POLICY, KINDLY OR POLICY FOR MORE INFORMATION
			J. J
	Bryan 27 June 2	024, 12 01 pm	
cyholder's Signature / Date & Time	Actual Driver's Signature (if driver is not the policyholder, / Date & Time		Witnessed by Reporting Centre Person (Name as in NRIC/ ID card)



#### CIRCUMSTANCE OF ACCIDENT

ACCIDENT ALONG LOYANG AVE 2 LANE ROAD ON 27.6.2024 @7.10AM

I was driving along Loyang Ave (2 lane road) on 27 June 2024 at around 7.10am, in the left lane. When nearing Bus Stop 98061 (Opp Engine Test Facility), I noticed a white Toyota HiAce (CB8170T) coming out from Loyang Way 4. I checked my right to ensure there were no vehicles behind my vehicle on my right, then changed from the left lane to the right lane. I did this intending to make way for the Toyota HiAce (CB8170T) to exit from Loyang Way 4 onto the left lane of Loyang Ave. However, as I was nearing the Toyota HiAce (CB8170T), I realized the driver coming out of Loyang Way 4 did not turn into the left lane, but was coming into the right lane (i.e. the lane I was in) of Loyang Ave. I immediately applied my brakes, but the driver continued turning into my lane, and I emergency braked.

I managed to stop in time. However, the Toyota HiAce (CB8170T) continued to move into my lane, thus causing a collision. There was no traffic held up in front of the yellow box at all times.

The driver of the Toyota HiAce (CB8170T) shifted the vehicle back to the left lane and stopped. He got out and approached me. I was checking on my passenger, who had sustained a bruise on her left chest area below her shoulder. The driver of the Toyota HiAce (CB8170T) reported that there were no injuries from anyone in his vehicle. A motorcyclist, Nas Amin (contact no. 9100 8967), came over to check on me and informed me that he witnessed the incident. He messaged me later to say the Toyota HiAce (CB8170T) did not give way to oncoming traffic (i.e. my vehicle). The driver of the Toyota HiAce (CB8170T) told me that he first saw me travelling on the left lane, and drove onto Loyang Ave wanting to go to the right lane.

My vehicle's left mirror, left front tyre, left headlights and surrounding body of the car were damaged. The left front door cannot be closed properly.



