

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	05/08/2024 12:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	04/08/2024 13:55 (SGT)
Exact Location of Accident	11 Ang Mo Kio Ave 9, Singapore 569763
Additional Location Information	11 ANG MO KIO AVENUE 9 SINGAPORE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMZ3539C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANG PAO LI
NRIC No	S7160473Z
Email Address	PLCHANG@SMU.EDU.SG
Mobile Phone No	(Phone) +65-96643468
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es300h
Variant	LEXUS ES300H 4DR SEDAN (AUTO) EXECUTIVE
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	2487
Vehicle Fuel	Petrol-Electric
First Registration Date	23/04/2021
Chassis no	JTHB21B1002136680
Effective Date/Time of Ownership	23/04/2021 07:04 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10885860R01

DRIVER

Name of Driver	CHANG PAO LI
NRIC No	S7160473Z
Date Of Birth	14/12/1971
Occupation	Indoor
Driving Pass Date	24/08/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	22 YEARS
Gender	Female
Mobile Number	(Phone) +65-96643468
Alt. Phone Number	-
Email Address	PLCHANG@SMU.EDU.SG
Address	BLK 40 PHOENIX ROAD - SINGAPORE 668188
Address complement	-
Postcode	668188
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	Wet

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	YUMI FUJII
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

REFER TO ATTACHED
STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

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	SJX228R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	HO SZE EN CHARLENE
NRIC No	S9428261F
Contact Number	(Phone) +65-90669997
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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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

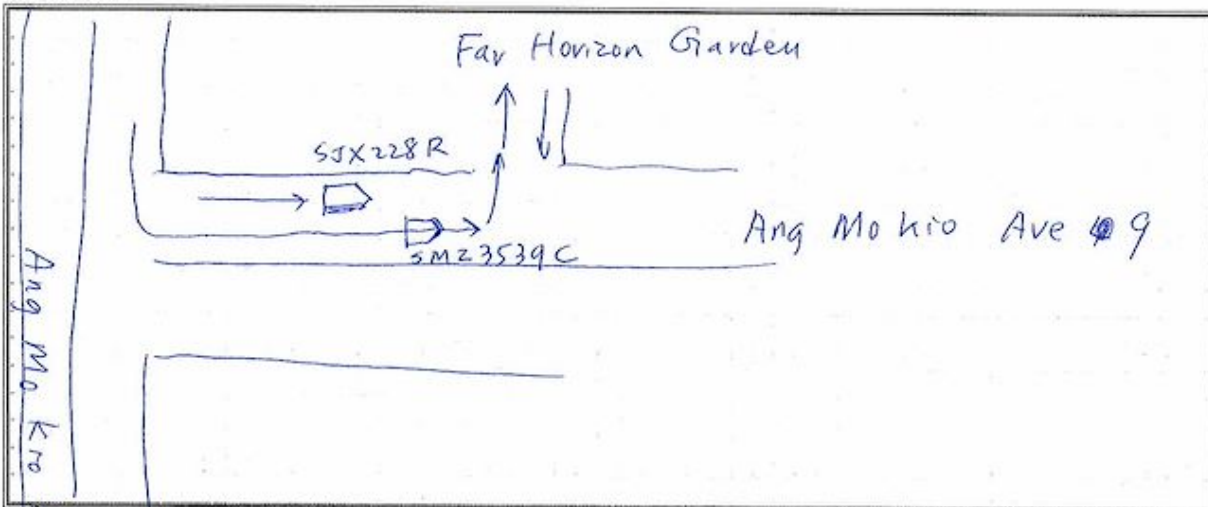
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

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

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

Sketch Plan

Describe Circumstance of the Accident

around (SMZ3539C)

On 2024-08-04 13:54:39, I turned left from Ang Mo Kio Ave 4 to Ang Mo Kio Ave 9, and planned to turn left into Far Horizon Garden's entry ~~g~~ when ~~I~~^{front} my left side of car slid against the other vehicle (5JX228R)'s right side. I didn't notice the car coming from behind.

At the point, my daughter (10 yrs old) ~~was~~ was in the back seat.

After the incident, the other vehicle pulled up to the road side, ~~the~~^{its} driver (Ho Sze En) ~~and~~ walked toward us. I also pulled up to the side and we exchanged photos of IC and took photos of each others vehicles impacts.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Ph. Li. Chy

Policyholder's Signature / Date & Time

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

een (14) days clause whereby
nsurer for more details.

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

2:56

4G

< 2024-08-04 13:54:35









