

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 Authorised 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 Report	10/06/2019 15:14
Date Of Accident	07/06/2019 19:30
Exact Location Of Accident	JUNCTION OF COMMONWEALTH AVE WEST & GHIM MOH RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG4083E
Insured/Policyholder	
Name Of Registered Owner	TAN CHIN
NRIC No	S1464343E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93877091
Alternative Phone No	OFFICE-93877091

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10021384R01
Cover Note Number	

Driver

Name of Driver	CHOONG KIM YUNG SIMON
NRIC No	S1484575E
Date Of Birth	22/10/1961
Occupation	INDOOR
Date Of Driving Pass	04/12/1979
Driving Experience	39 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93877092
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 28 GHIM MOH LINK #05-276
Postcode	270028
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : TAN CHIN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON 07/06/2019 AT ABOUT 1930HRS AT JUNCTION OF COMMONWEALTH AVE WEST AND GHIM MOH ROAD. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ALONG COMMONWEALTH AVE WEST TOWARDS COMMONWEALTH AVE AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION, SUDDENLY A VEHICLE B AT THE OPPOSITE DIRECTION MAKING A RIGHT TURN INTO GHIM MOH ROAD WITHOUT GIVING WAY AND WITHOUT STOPPING FOR MY ONCOMING VEHICLE HENCE COLLIDED ONTO MY RIGHT FRONT PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I WISH TO STATE THAT DURING THE ACCIDENT, THE TRAFFIC WAS AT GREEN TO MY FAVOUR. I HAVE ONE PASSENGER INSIDE MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8004B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHOONG KIM YUNG SIMON

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLG4083E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN CHIN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLG4083E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

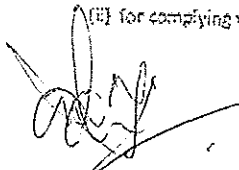
SKETCH PLAN

IMPORTANT NOTICE

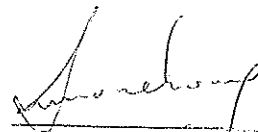
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8. Consent under the Personal Data Protection Act (PDPA)

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/are 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 situated outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



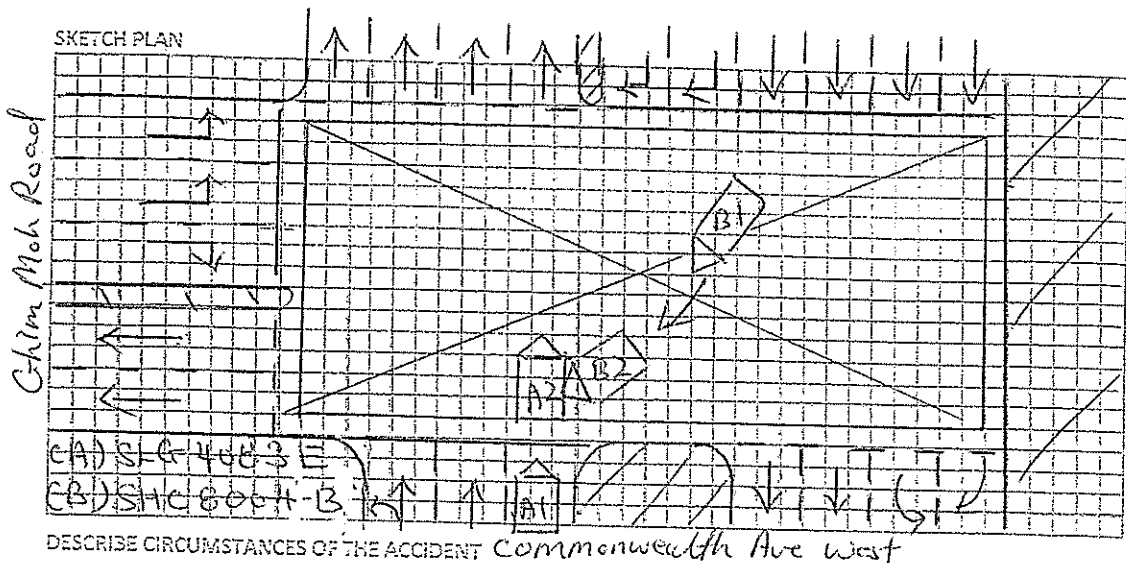
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

MAS SOLUTIONS



On 07/06/2019 at about 1930 hrs at Junction of Commonwealth Ave West and Ghim Moh Road. I was travelling on the extreme Right Lane along Commonwealth Ave West towards Commonwealth Ave and when coming towards the above mentioned junction, suddenly a Vehicle (B) at the opposite direction making a Right turn into Ghim Moh Road without giving way and without stopping for my on coming vehicle hence collided onto my Right Front Portion of my Vehicle (A) causing damages to my vehicle. I wish to state that during the accident the traffic light was at 'GREEN' to my favor. I have one passenger inside my vehicle.

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

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

Policyholder's Signature

Date & Time:

CHS/2019/2 Form 13

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: