

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	06/08/2020 14:44
Date Of Accident	21/07/2020 15:00
Exact Location Of Accident	ALONG SLE BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ6102H
Insured/Policyholder	
Name Of Registered Owner	ANDJAR ASMORO
NRIC No	S6973749H
Email Address	ANDJAR.ASMORO@ST.COM
Mobile Phone No	(LOCAL) +65-97370454
Alternative Phone No	Office-97370454

Vehicle Particulars

Manufacturer	BMW
Model	116D-1.5 D 5DR HATCH LED (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10124736R01
Cover Note Number	

Driver

Name of Driver	YEO SIEW MENG
NRIC No	S1828053A
Date Of Birth	19/02/1967
Occupation	INDOOR
Date Of Driving Pass	13/07/2004
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890119

Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 605 ANG MO KIO AVE 5 #08-2717
Postcode	560605
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
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	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	KEBUN BARU NPP
Police Station Address	ROAD: 111 ANG MO KIO AVE 4 , POSTCODE: 560111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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 (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.
- (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 (d) 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;
 - (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.:

Sketch Plan #2

SKETCH PLAN

Along SLE before Morden's Exit.

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

GUARAC SketchPlanForm_V3

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

2/8/20
9.40am

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



Police Report



**SINGAPORE
POLICE FORCE**



F/20200729/2047

1 of 2

POLICE REPORT (NP299)

Report No. F/20200729/2047

Police Station Of Origin
Kebun Baru NPP
111 Ang Mo Kio Avenue 4 SINGAPORE
560111
Tel No: 1800-4589999

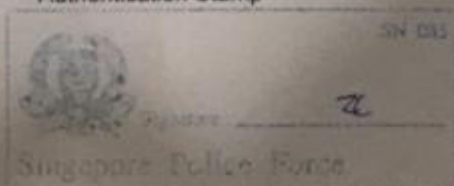
Date/Time Report Made 29/07/2020 15:52	Vide Report No.	Station Diary No. 15
Name Of Informant YEO SIEW MENG	Address APT BLK 605 ANG MO KIO AVENUE 5 #08-2717 SINGAPORE 560605	
ID Type / ID No. NRIC NO / S1828053A	Contact No. Home/Office Mobile 94890119	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Interior designer	Sex Male	Age 53
Institution/School Name	Date of Birth 19/02/1967	Race Chinese
Date/Time Of Incident 21/07/2020 15:00	Location Of Incident SELETAR EXPRESSWAY SINGAPORE Along SLE Bef mandai exit	

Brief details.

On 21/07/2020 at about 1500hrs, I was driving my friends car (SKZ6102H) along SLE Bef mandai exit when the car had suddenly slowed down by itself. I was at the second last lane when the car slowed down and I noticed smoke coming out from the bonnet. As such, I stopped the car at the road shoulder to check what happened. I then observed that there was a small fire surrounding below the engine area of the car and I used a mineral water bottle which I had in the car to put out the fire. The vehicle was then towed away to BMW Service centre at Kampong Arang.

Signature Of Officer Recording The Report: F / Sgt 2 WONG ZHEN CHIEN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/07/2020 15:52
Officer In-Charge Of Case: F / Ang Mo Kio North N.P.C / Sr Staff Sgt ZED CHANG POH CHUAN Contact No.: 64849999	Classification Of Case:

Authentication Stamp

**Police Report**

**SINGAPORE
POLICE FORCE**

F/20200729/2047

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20200729/2047

On the same day at about 1800hrs, Mr Ruven from BMW Service Centre called and informed that he had received the car and will be making a check on the car on the following day.

On 22/07/2020, Mr Ruven called me again to inform the investigation for the car will cost about S\$200 to S\$300 and that it would not be completed so soon.

On 23/07/2020, Mr Ruven called me again to ask me if I wish to claim insurance or pay by cash for the repair works of the car. However I informed him I would only want to repair the vehicle after they have given a diagnosis of the vehicle. Mr Ruven informed he will update me on the diagnosis when it is done. I then informed him to liaise with the owner of the car whose details are as follow:
Andjar Asmoro, HP:97370454 & 89131602.

Till this date, I have not received any report on the car.

I am lodging this report for record purposes as I want to have a report of the car before I proceed on with deciding what to do with the car.

Signature Of Officer Recording The Report:

F / Sgt 2 WONG ZHEN CHIEN

ZC

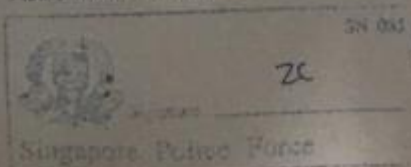
Signature Of Interpreter:
Not applicableOfficer In-Charge Of Case:
F / Ang Mo Kio North N.P.C /
Sr Staff Sgt ZED CHANG POH CHUAN
Contact No.: 64849999

Signature Of Informant:

Date/Time:
29/07/2020 15:52

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Identification Card

