

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	12/10/2020 13:10
Date Of Accident	02/10/2020 19:30
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR TOA PAYOH LORONG 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMU7545J
Insured/Policyholder	
Name Of Registered Owner	ANG ENG KIAT
NRIC No	SXXXX476H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90183804
Alternative Phone No	OFFICE-90183804
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	GLC300-2.0 4MATIC COUPE (R19 LED) (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP314179
Cover Note Number	

Driver

Name of Driver	ANG ENG KIAT
NRIC No	SXXXX476H
Date Of Birth	19/02/1972
Occupation	INDOOR
Date Of Driving Pass	27/07/1994
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90183804
Fax Number	(LOCAL) +65-90183804
Contact Number	OFFICE-90183804
E-Mail Address	NOEMAIL

Address BLK 258 KIM KEAT AVENUE
Post code #05-36
Was driver an employee of the Insured's Company 310258

If No, Relationship of the Driver with the Insured NO
Vehicle Registration Number of Driver's Own Vehicle OWNER
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? NO
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name KIM KEAT NEIGHBOURHOOD POLICE POST
Police Station Address ROAD: BLK 231 LORONG 8 TOA PAYOH , POSTCODE: 310231 ,
COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-2529999 - FAX NO: 63554311
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO ACCIDENT SKETCH

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

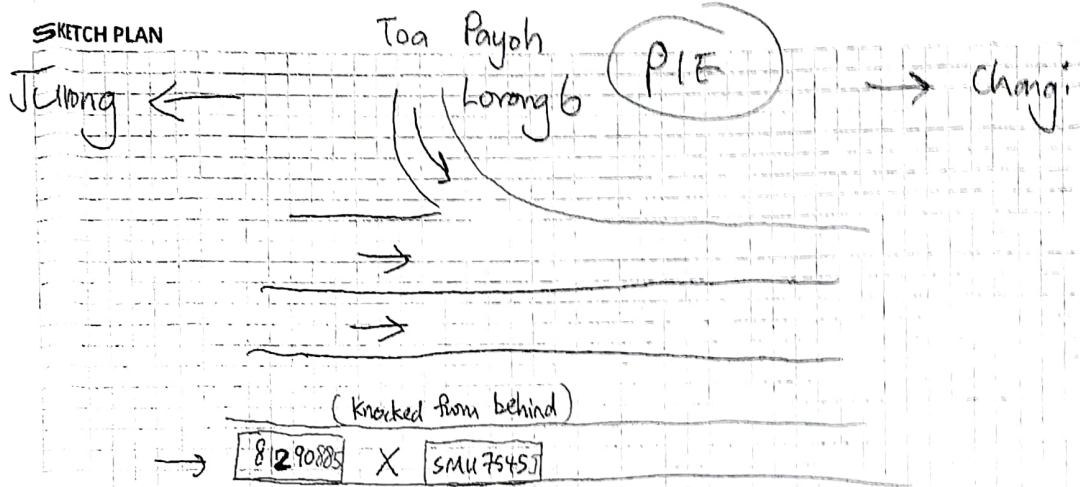
Vehicle Registration Number S5367CD
Vehicle Make/Model/Colour MERCEDES
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JIANG
NRIC/Passport Number
Contact Number 81290885
Address
Postcode
Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SHOT ON MIA2
MI DUAL CAMERA

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 2 Oct 2020, around 7.30-7.40pm, I was driving along PIE towards Changi, near to the Toa Payoh Lorong 6 exit, a white car in front of me jammed brake. I managed to brake in time, but 1 second later, the car behind me knocked into me. Both of us came down to inspect my car. Driver was very fast to claim that my car is fine. His car's bumper plate has some cracks while mine looks fine. However I insist on his mobile number, so that I can check carefully later when I reach home. Upon reaching home, I checked and found the bumper has some cracks and exhaust slightly dislodged.


I tried contacting the driver to request for his personal details and his car plate but he refused to provide. I only has his mobile number 8129-0885 by the surname Jiang. He only informed that his insurer has been informed and his insurer will contact me. But nobody call me.


I made a police report on 9 Oct in the evening.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 12 Oct 2020
 930 am


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


 Reporting Centre Personnel's Signature
 Name: Kariha
 NRIC/FIN No.: S8171185F.

Sketch Plan #2 Pg. 1


SKETCH PLAN


IMPORTANT NOTICE

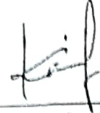
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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, 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: Kavitha
NRIC/FIN No.: 58171135F