

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 Submission 27/02/2021 15:02 (SGT)
Date of Accident 26/02/2021 16:48 (SGT)
Exact Location of Accident Airport Rd, Singapore
Additional Location Information BEFORE TUNNEL MERGING LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC3476B

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner STARHUB MOBILE PTE LTD
Company Reg No 2XXXXX646C
Email Address kaiseng.goh1@starhub.com
Mobile Phone No (Phone) +65-93869727
Alternative Phone No (Office) +65-68256565

VEHICLE PARTICULARS

Manufacturer Nissan
Model Nv200
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MFL0000126_02
Cover Note Number -

DRIVER

Name of Driver GOH KAI SENG (WU KAISENG)
NRIC No SXXXX771F
Date Of Birth 18/01/1987
Occupation Outdoor

Date Of Driving Pass	23/11/2010
Driving experience	10 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93869727
Alt. Phone Number	-
Email Address	kaiseng.goh1@starhub.com
Address	BLK 125 MARSILING RISE #07-178
Address complement	-
Postcode	730125
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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 material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

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

PLEASE REFER TO SKETCH PLAN

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMQ8182L
Vehicle Manufacturer	Nissan
Vehicle Model	Sylphy
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ANG WEI LIANG, ANTHONY
NRIC No	SXXXX435A
Contact Number	(Phone) +65-96560759
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.



27/2/2021 1305

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[Signature] 27/02/2021

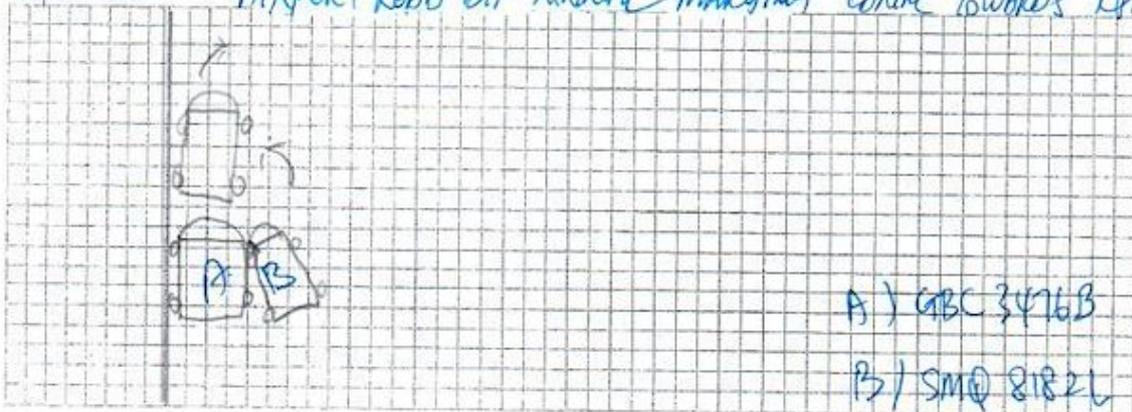
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

AIRPORT ROAD B/LF RUMAH KIL MARIYAH LANE TOWARDS KPE



Describe Circumstances of the Accident

I was moving smoothly patiently queuing on lane 3 of Airport Road entering KPG. Incident start from video time stamp at 02:12 where clearly shows my vehicle is ahead of vehicle SMQ 812L at the merging lane. However, he at time stamp 02:26 speed in and ~~was~~ wanted cut into my lane even when there was no space for his vehicle to enter. On my left side there is kerb and motorcycles squeezing and moving. I am unable to swif left or jam brake which might cause rear vehicle bang into me thus I continued to travel ~~for~~ straight. At Time Stamp 02:38 vehicle SMQ 812L decided to turn in no matter what even with no granted space and this contact was made at 02:39 with him forcefully turning in.

Declaration

We declare the foregoing particulars are true in every respect.



27/2/2021 1305
 Policyholder's Signature / Date & Time

[Signature] 27/2/2021 1305
 Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel





















