

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 05/03/2021 17:28 (SGT)
Date of Accident 04/03/2021 13:15 (SGT)
Exact Location of Accident 120 Bukit Merah Lane 1, Singapore 150123
Additional Location Information GANTRY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLN1639K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHIN KIAT FONG
NRIC No SXXXX004C
Email Address hancarrepairs@gmail.com
Mobile Phone No (Phone) +65-97777266
Alternative Phone No +65-97777266

VEHICLE PARTICULARS

Manufacturer Honda
Model Odyssey
Variant -
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? No - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company India International
Type of Coverage Comprehensive
Fleet Policy No
Policy Number D19MPC0001819_01
Cover Note Number -

DRIVER

Name of Driver HAN ZHENGUANG DAVID
NRIC No SXXXX419F
Date Of Birth 30/12/1986
Occupation Indoor

Date Of Driving Pass	25/01/2006
Driving experience	15 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97777266
Alt. Phone Number	-
Email Address	hancarrepairs@gmail.com
Address	BLK 333 CLEMENTI AVENUE 2 #08-84
Address complement	-
Postcode	120333
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Hit by fallen tree / Other objects
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	BARRIER
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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/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.

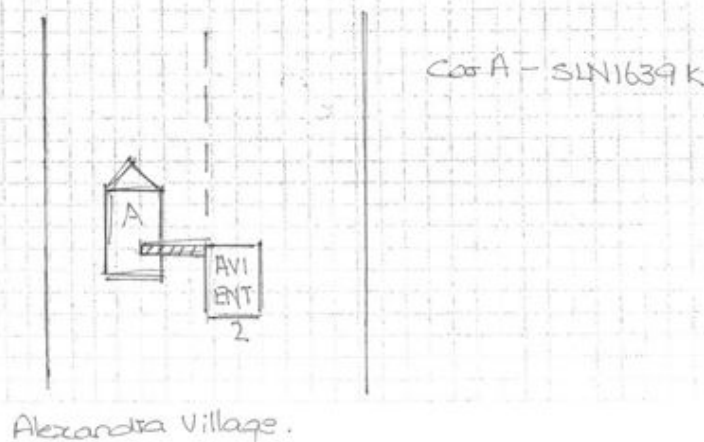
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

ALEXANDRA VILLAGE GENTRY REF: AVI ENT 2



Describe Circumstances of the Accident

I drive my car along alexandra Village to buy lunch.

And when I enter the gantry AVI ENT 2, while entering
half way suddenly the gantry barrier hit onto my
car.

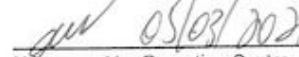
Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

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


05/03/2021
Witnessed by Reporting Centre
Personnel



















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN092135000E Vehicle Registration No: SLN 1639K
 Name (as shown in NRIC): HAN ZHENHUA DANC NRIC/FIN/Passport No: 8XXXX 419K
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9777 166
 Email Address: _____
 Date of Accident: 04/03/2021 Time of Accident: 13:15
 Place of Accident: 120 BUKIT MELAKA LANE 1 CANTON
 Insurance Company: INDIA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To Insure Insured Vehicle Number To SLN 1639K

Policyholder / Driver's Signature
Date:

05/03/2021
Reporting Centre Personnel's Signature
Name: