

## 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 ..... 03/07/2021 12:30 (SGT)  
Date of Accident ..... 30/06/2021 18:18 (SGT)  
Exact Location of Accident ..... Nuh, Singapore  
Additional Location Information ..... NUH CARPARK  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SMW196T

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... YANG YANG  
NRIC No ..... SXXXX027D  
Email Address ..... yangyang\_sg@yahoo.com  
Mobile Phone No ..... (Phone) +65-81236667  
Alternative Phone No ..... +65-81236667

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A4  
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  
Transmission ..... Auto  
CC ..... 2000

#### INSURANCE COMPANY

Name of Insurance Company ..... Great Eastern General Insurance Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 2020-V0114433-VDP  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... YANG YANG  
NRIC No ..... SXXXX027D

Date Of Birth .....	19/06/1982
Occupation .....	Indoor
Date Of Driving Pass .....	14/07/2015
Driving experience .....	5 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81236667
Alt. Phone Number .....	+65-81236667
Email Address .....	yangyang_sg@yahoo.com
Address .....	BLK 510 WEST COAST DRIVE #06-319
Address complement .....	-
Postcode .....	120510
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 and run / Vandalism / Damaged whilst parked
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	0
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 ATTACHED.

#### 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 .....	SFK73K
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
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) ..... -

1/30/2020


Protected By Symantec

SKETCH PLANIMPORTANT NOTICE

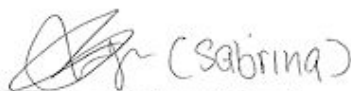
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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6. The report will be forwarded by the Insurers of 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 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:

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

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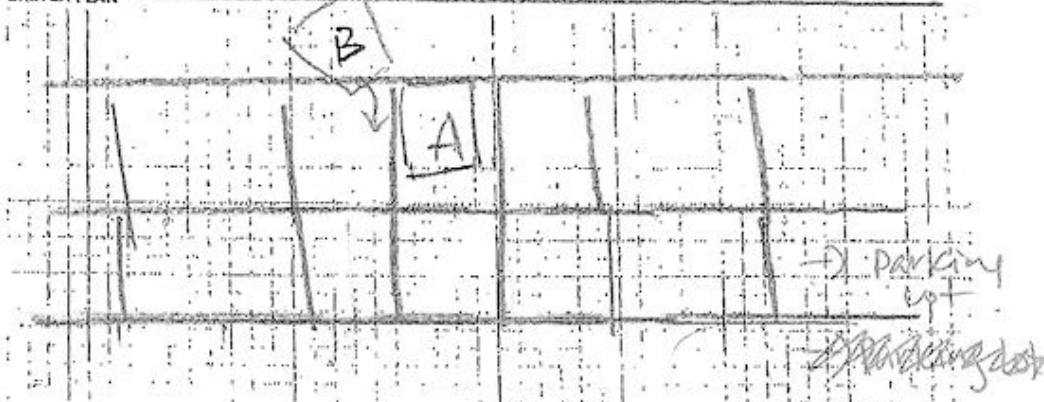
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2/30/2020

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B - SPK 73K  
A - SMW 196T

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I parked at M44 Kent Ridge Way Car Park.  
Car B turned into parking lot. His ~~car~~ car head  
hit my car (A) left back door.  
All were recorded in my in-car camera

DECLARATION

I/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:

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

<https://documentsprod.fineglass/7guid=ba06241-8909-4577-91d3-616c757dd0a0>

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For Customer Service please visit  
1 Pickering Street  
#01-01 Great Eastern Centre  
Tel: +65 6248 2888 Fax: +65 6327 3080



## Schedule

COPY														
<b>Name/Address</b> MR YANG YANG  510 WEST COAST DRIVE #06-319 SINGAPORE 120510														
<b>Policy No.</b> : 2020-V0114433-VDP <b>Policy Type</b> : Drive And Save Plus <b>Policy Period</b> : 29-10-2020 to 28-10-2021 <b>Date of Issue</b> : 29-10-2020 Singapore <b>Agency No.</b> : A0000698 <b>Gross Premium</b> : SGD*****2,073.20														
<b>Manual Document Reference</b> : 2020/10/0051														
<b>Details of Coverage :</b> <b>Business/Profession:</b> Insurance agent (GE) <b>of the Insured</b> <b>Risk Number :</b> 1 Drive And Save Plus <b>Hire Purchase</b> : DBS BANK LTD  <b>Particulars of Motor Car:</b> <b>Registration Number:</b> SMW196T <b>Make</b> : AUDI A4 2.0 TFSI S TRONIC <b>Cubic Capacity</b> : 1984.00 <b>Year of Manufacture:</b> 2020 <b>Engine Number</b> : DEM025387 <b>Chassis Number</b> : WAUZZZF41MN001126 <b>Sum Insured</b> : Market Value <b>Type of Cover</b> : Comprehensive any Workshop <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Description</th> <th style="text-align: left;">Annual Premium</th> <th style="text-align: left;">Limit</th> </tr> </thead> <tbody> <tr> <td>Basic Premium</td> <td>SGD 2,073.20</td> <td></td> </tr> <tr> <td><b>Total Due:</b></td> <td>SGD 2,073.20</td> <td></td> </tr> </tbody> </table>			Description	Annual Premium	Limit	Basic Premium	SGD 2,073.20		<b>Total Due:</b>	SGD 2,073.20				
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<b>Subject to Clauses, Warranties, and Endorsements applicable and attached hereto :-</b> <b>ADDITIONAL EXCESS</b> AN EXCESS IN ADDITION TO THE STANDARD EXCESS IS APPLICABLE FOR THE AUTHORISED UNNAMED DRIVERS AS STATED BELOW:- <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">AUTHORISED UNNAMED DRIVER</th> <th style="text-align: left;">ADDITIONAL EXCESS</th> </tr> </thead> <tbody> <tr> <td>AGE BELOW 26 OR ABOVE 69</td> <td>S\$2,500</td> </tr> <tr> <td>AGE BETWEEN 26 AND 69 WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE</td> <td>S\$2,500</td> </tr> <tr> <td>AGE BETWEEN 26 AND 69 WITH 3 OR MORE YEARS OF DRIVING EXPERIENCE</td> <td>S\$500</td> </tr> <tr> <td>ENDT 25 - STRIKE RIOT AND CIVIL COMMOTION</td> <td></td> </tr> <tr> <td>ENDT 57 - FLOOD TYPHOON HURRICANE ERUPTION EARTHQUAKE OR OTHER CONVULSION OF NATURE</td> <td></td> </tr> </tbody> </table>			AUTHORISED UNNAMED DRIVER	ADDITIONAL EXCESS	AGE BELOW 26 OR ABOVE 69	S\$2,500	AGE BETWEEN 26 AND 69 WITH LESS THAN 3 YEARS OF DRIVING EXPERIENCE	S\$2,500	AGE BETWEEN 26 AND 69 WITH 3 OR MORE YEARS OF DRIVING EXPERIENCE	S\$500	ENDT 25 - STRIKE RIOT AND CIVIL COMMOTION		ENDT 57 - FLOOD TYPHOON HURRICANE ERUPTION EARTHQUAKE OR OTHER CONVULSION OF NATURE	
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GPCSL/P2

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Great Eastern General Insurance Limited (Reg. No. 1920 00003W)  
 (A wholly-owned subsidiary of Great Eastern Holdings Limited)  
 1 Pickering Street, #01-01 Great Eastern Centre, Singapore 048659  
 Tel: +65 6248 2888 Fax: +65 6532 2214 [greateasterngeneral.com](http://greateasterngeneral.com)

GST Regn No. M90366503P



































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : SC1K21730005 Vehicle Registration No: SMW196T  
Name (as shown in NRIC) : Yang Yang NRIC/FIN/Passport No : SXXXX0370  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
Email Address : \_\_\_\_\_  
Date of Accident : 30/06/21 Time of Accident : 1818  
Place of Accident : NH carpark  
Insurance Company: Great Eastern General Insurance Limited.

**(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 amend the policy number to read as 2020-V0114123-VDP

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date: \_\_\_\_\_

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

2020-06-21 10:00:00