

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	02/08/2021 17:31 (SGT)
Date of Accident	01/08/2021 16:20 (SGT)
Exact Location of Accident	Bukit Panjang Ring Rd, Singapore
Additional Location Information	slip road from Bukit Panjang Ring Road to Bukit Panjang Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW4025P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Oh Eng Ann
NRIC No	SXXXX726I
Email Address	rayohea@hotmail.com
Mobile Phone No	(Phone) +65-93393032
Alternative Phone No	(Home) +65-93393032

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Altis
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	1598

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2020-V0113670-VDP
Cover Note Number	-

DRIVER

Name of Driver	Oh Eng Ann
NRIC No	SXXXX726I



Date Of Birth 25/04/1980
 Occupation Indoor
 Date Of Driving Pass 11/06/2007
 Driving experience 14 YEARS AND 2 MONTHS
 Gender Male
 Mobile Number (Phone) +65-93393032
 Alt. Phone Number (Home) +65-93393032
 Email Address rayohea@hotmail.com
 Address Blk 456 Segar Road #03-127
 Address complement -
 Postcode 670456
 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 Collision - Head to Rear
 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) 2
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No

PASSENGER 1

Name unknown
 Gender Male

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

refer attached 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB1534E
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Bus

Name of Driver
 Work Permit No
 Contact Number
 Address
 Address complement
 Postcode
 Insurance Company Name
 Nature Of Damage
 Details of property damaged in accident
 No. Of Passenger (Including Driver)

Mohd Haszreen Bin Razali
 GXXXX597W

Turning Angle
 Total Toe
 Cross Camber

0.08	0.08	
-0.30	-0.31	
0.05	0.05	
Actual	Before	Specified Range

Front

-0.10	-0.10	
-0.09	-0.05	
Actual	Before	Specified Range

Front : Left

Toe
 Camber

-0.51	-0.51	
-0.08	-0.08	
Actual	Before	Specified Range

Right : Front

Cross Turn DM
 Total Toe
 Cross DM
 Cross Camber
 Cross Camber

0.10	0.10	0.00, 0.18
2.18	2.18	-0.30, 0.30
0.50	0.50	-0.30, 0.30
-1.35	-1.35	-0.30, 0.30
Actual	Before	Specified Range

Front

33.31	33.31	10.49, 13.49
33.13	32.13	11.81, 13.31
0.50	0.50	0.05, 0.05
4.13	4.13	1.30, 3.08
-1.43	-1.43	-1.03, 0.31
Actual	Before	Specified Range

Front : Left

Turning Angle DM
 Included Angle

DM
 Toe
 Camber
 Camber

18.23	18.23	10.49, 13.49
18.53	18.03	11.81, 13.31
0.50	0.50	0.05, 0.05
3.81	3.81	1.30, 3.08
-0.11	-0.11	-1.03, 0.31
Actual	Before	Specified Range

Front : Right

Before : After : TURNING (30°/10°/30°) Before : KDH3005-08NOV : 3018-04-

33.31 4.13

GBH 3888 U

REC AUTO FTE LTD



HUNTER D29700

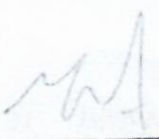
COMPUTERISED 4 WHEEL ALIGNMENT

Describe Circumstances of the Accident

At around 4:20pm on 1/8/2021 ~~while~~ I was stationary before I exit a slip road from Bukit Panjang Ring Rd to Bukit Panjang Road. After I came to a stop, Sibel bus (SMB15345) knocked directly into the rear of my vehicle.


Declaration

We declare the foregoing particulars are true in every respect.

 5pm
2/8/21

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLW402SP

B - SMB1534E

