

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 11/10/2021 10:40 (SGT)
Date of Accident 09/10/2021 10:00 (SGT)
Exact Location of Accident CTE, Singapore
Additional Location Information CTE TWDS CITY NEAR AMK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EN3000Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAU HOCK CHUAN
NRIC No S8909320A
Email Address lausg2011@gmail.com
Mobile Phone No (Phone) +65-91399206
Alternative Phone No +65-91399206

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number P10499759R00
Cover Note Number 28/01/2021 TO 27/01/2022

DRIVER

Name of Driver LAU HOCK CHUAN
NRIC No S8909320A

Date Of Birth	28/02/1989
Occupation	Indoor
Date Of Driving Pass	05/02/2010
Driving experience	11 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91399206
Alt. Phone Number	+65-91399206
Email Address	lausg2011@gmail.com
Address	182 Canberra Drive
Address complement	#08-23
Postcode	767953
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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	VANESA LONG
Gender	Female

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 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	SLS1465T
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) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SH7448D
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Taxi
 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

Budget Direct
Vehicle : EN3000Y

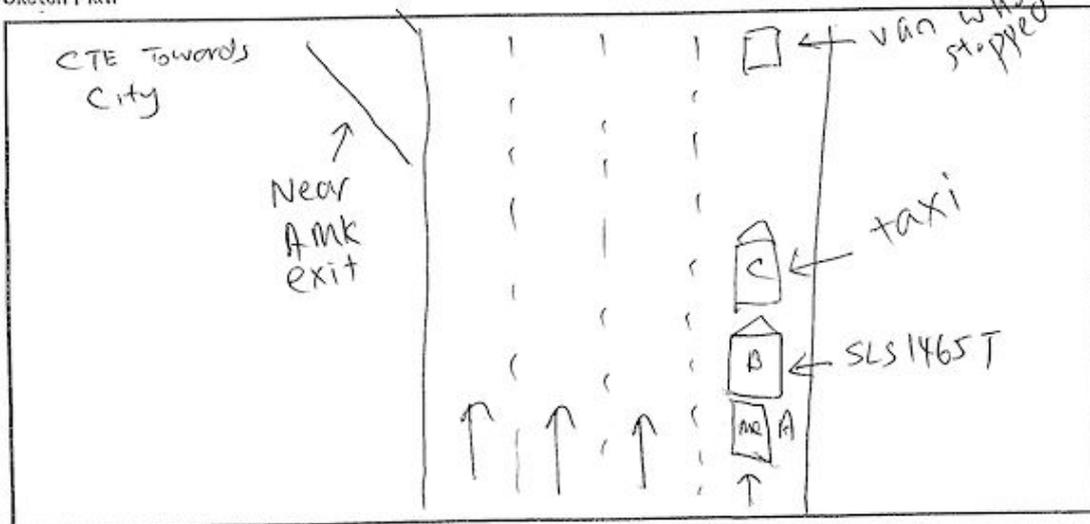
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- 8. Consent under the Personal Data Protection Act (PDPA)

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.

Sketch Plan




 Policyholder's Signature / Date & Time
 9/10/21

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


 Witnessed by Reporting Centre Personnel
 11/10/2021



Date of accident: 9/10/21 Time: 10am Location: CTE towards city
 My Vehicle A: EN300Y Vehicle B: SL51465T Vehicle C: SH7448D

SKETCH PLAN

Describe Circumstances of the Accident. 10/11

I was driving my ~~wife~~ wife and I towards city along CTE. She was going to work. I was on lane one, and heard a loud ambulance siren behind me. I looked at the mirrors but could not see where it was. I turned back to see if it was at my blind spot, when I turned back, I banged into the car in front who had come to a stop. There was a van on the first lane who had stopped his ~~car~~ ^{VAN} there. The car in front of the car I banged, ~~was~~ ^{was} is a taxi, and he was banged in the rear. The driver in front of me was holding his ~~hand~~ ^{leg} hand when he came out. After a short while, there was another car who stopped behind me, and 3 guys came out to talk to the driver, who left quickly. We all drove off after that. I was in ~~shock~~ ^{leg} shock and did not manage

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under to ^{to speak with} your own policy. Kindly check with your own insurer for more information. ^{them}

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature / Date & Time
 9/10/21

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

[Signature]
 Witnessed by Reporting Centre Personnel
 11/10/2021

 AH LIM MOTOR COMPANY









