

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	2029/11/2021	Time of Accident:	1.20 AM
Exact Location:	Lavender Street junction to JALAN BESAR		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SOX 7942 R	NRIC / FIN / Passport no:	201632885/E
Name of Registered Owner:	W AUTO LEASING PTE LTD		
Owner's Email:	KAMSIANG@live.com.sg		
Owner's Address:	117A JALAN TENTERAM #04-511 TENTERAM PEAK (S) 321117		
Vehicle Make:	HYUNDAI	Vehicle Model:	AVENTA
Engine Capacity (cc):	1598CC	Transmission:	(Auto) Manual
Type of Claim:	Own Damage / (Third Party) / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / (Private Hire)		
Name of Insurance Co:	NTUC Income		
Type of Policy:	Comprehensive / (Third Party) / Third Party, Fire & Theft		
Policy Number:	8 5122628072		

DRIVER			
Name of Driver:	ANDRY ERFANTO BIN KAMSANT	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	S7248126/Z	Date of Birth:	22/11/1972
Occupation:	Indoor / Outdoor	Driving Pass Date:	28/10/2008
Contact Number:	97994809	Gender:	(Male) / Female
Address:	BLOCK 436 PAJAR ROAD #06-398 (S) 670436		
Relationship with Owner:	Owner / Employee / Spouse / Child / (Hire) / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision (Side Swipe) / Front to Rear / Others:		
Weather Condition:	(Clear) / Raining / Others:		
Road Surface:	(Dry) / Wet / Others:		
Was anybody injured?	Yes / (No)	Police Report Made?	Yes / (No)
No. of passenger onboard (including driver):	01		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SHA 8755 C		
Vehicle Make / Model:	TAXI		
Name of Driver:	YION HOON JYH		
NRIC / FIN / Passport no:	S86745561F		
Contact Number:	83235029		
Name of Insurance Co:	UNKNOWN		

DETAILS OF WITNESS	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:			

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.


Signature of Driver

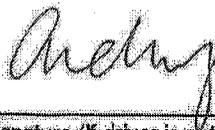
Date and time

Describe Circumstances of the Accident

ON 20/11/2021 at about 1:20AM I was driving my vehicle -
STX 7942 R along Lavender Street junction to Jalan Besar. I was
about to turn right into Jalan Besar, a vehicle - SHH 8955 C -
from the right took out from his lane and collided onto my
vehicle front portion. For his lane, he can only turn right and
he had made a illegal move to go straight instead and resulted
this collision. My vehicle's was damage on the front right side
mirror, front fender, front bumper & front wheel rim.
I reporting this incident 3 party claim against SHH 8955 C for
my damages.

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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 **reputate 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. 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 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.
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.



[Signature]
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

