

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	10/11/2021 15:45 (SGT)
Date of Accident	09/11/2021 20:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG PASIR RIS DRIVE 3
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB5171E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	IRNIENDY BIN ISMAIL
NRIC No	S8117157B
Email Address	RAPHAEL794@HOTMAIL.COM
Mobile Phone No	(Phone) +65-97801776
Alternative Phone No	+65-97801776

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Fit
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	1300

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	MT/00958174
Cover Note Number	-

DRIVER

Name of Driver	IRNIENDY BIN ISMAIL
NRIC No	S8117157B

Date Of Birth	13/06/1981
Occupation	Indoor
Date Of Driving Pass	28/05/2007
Driving experience	14 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97801776
Alt. Phone Number	+65-97801776
Email Address	RAPHAEL794@HOTMAIL.COM
Address	104 TANAH MERAH BESAR RD #04-29
Address complement	-
Postcode	498841
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 - Change/cross lane
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	NORKHAMALIA BINTE RADZUAN
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

PLEASE REFER TO THE STATEMENT

ATTACHMENT(S)

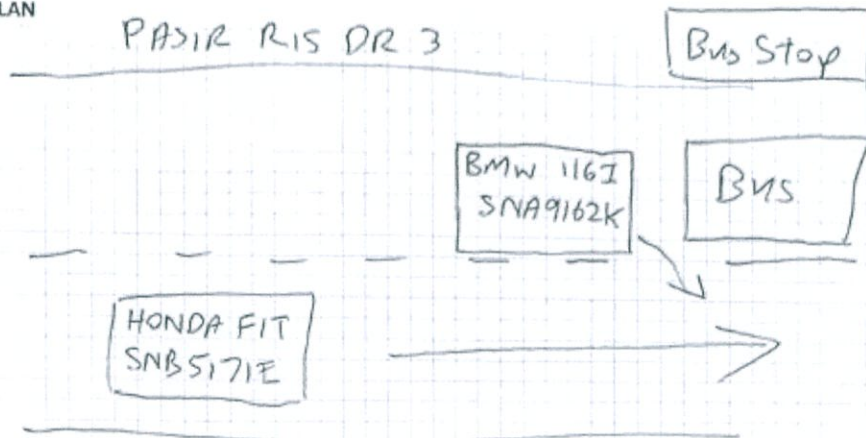
Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SNA9162K
Vehicle Manufacturer	BMW
Vehicle Model	116i
Vehicle Variant	-
Vehicle Colour	Black
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)	-

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At about 20:30hrs on 9 November 2021 as I was driving along Pasir Ris Drive 3 ^{when} a black BMW 116i bearing Vehicle registration number SNA9162K, driven by Cheong Yit Ling, NRIC S87037072, upon noticing that a bus had stopped at the bus stop, immediately changed her direction of her driving path. She ~~noticed~~ was driving her vehicle on the left side of a 2way lane and abruptly drove into my rightful lane on the right which caused a collision onto my car a black grey Honda Fit registration no. SNB517IE which resulted in damages to the left hand side of my car. (Pls see video attached). Upon noticing her mistake, she stopped her car at the side of the road. No one was injured nor conveyed to the hospital so we both exchanged particulars and contact number. The purposes of me lodging this report is for insurance claim purposes and ensuring that the driver pays for any repairs or replacement parts needed for my car. This report is given on a true account and to my knowledge. That is all.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

only
Policyholder's Signature
Date & Time: 10 NOV 21
1045HRS.

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

Jans
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SECTION 4

IMPORTANT NOTICE

1. Please report correctly the details of the accident to assist the claims process.
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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 processing and their copies of this report will for a fee be made available upon application by interested parties.
7. By the submission 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 thereafter.
8. Consent under the Personal Data Protection Act (PDPA)
 - i. I understand and 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 purposes 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, notices, 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 based 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 10/11/21
1045hr.

Driver's Signature

(if driver is not the policyholder)
Date & Time

Reporting Centre Personnel's Signature

Name
RelC/File No