

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	09/12/2021 13:40 (SGT)
Date of Accident	08/12/2021 19:30 (SGT)
Exact Location of Accident	Near Woh Hup Bldg, Singapore
Additional Location Information	ALONG UPPER BUKIT TIMAH ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGE7817E
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LAI SHEN LOONG LUKE
NRIC No	SXXXX057I
Email Address	GROO1972@YAHOO.COM
Mobile Phone No	(Phone) +65-96814281
Alternative Phone No	(Home) +65-96814281

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Noah
Variant	HYBRID
Exact purpose for which vehicle was being used at time of accident	-
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1800

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10526296R00
Cover Note Number	-

DRIVER

Name of Driver	TAN TZY HUEY JOSEPHINE
NRIC No	SXXXX472Z

Date Of Birth	01/05/1972
Occupation	Indoor
Date Of Driving Pass	24/07/1993
Driving experience	28 YEARS AND 5 MONTHS
Gender	Female
Mobile Number	(Phone) +65-92955526
Alt. Phone Number	-
Email Address	TTZYH@YAHOO.COM
Address	103 HILLVIEW RISE #07-10
Address complement	-
Postcode	667982
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SDD688Y
Insurance Company of Other Vehicle Owned by Driver	Etiqa Insurance Pte Ltd

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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	Yes

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	SHB661L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

 9/12/21 12:45pm
 Sketch Plan

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

 9/12/21 12:45pm

Witnessed by Reporting Centre Personnel


↑
 Upper of
 Thimble
 towards
 Hillview



A - SGE 7817E.
 B - SH8661L

Describe Circumstances of the Accident

I was driving straight in my own lane when taxi B suddenly change lane and collide into my car. I cannot stop in time.

Declaration

We declare the foregoing particulars are true in every respect.

Latimer
Policyholder's Signature / Date &
Time 9/12/21 12:45pm

Josephine
Driver's Signature (If driver is not the policyholder) / Date
& Time 9/12/21 12:45pm

AO
Witnessed by Reporting Centre
Personnel