

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	06/01/2022 17:57 (SGT)
Date of Accident	05/01/2022 20:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TECK WHYE AVENUE BLK 146A CARPARK ENTRANCE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ129T
-----------------------------	---------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NEE SHYAN CHANG
NRIC No	S1471756J
Email Address	Shengpeng@live.com.sg
Mobile Phone No	(Phone) +65-97594995
Alternative Phone No	+65-97594995

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	6
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	2498

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10280487R02
Cover Note Number	-

DRIVER

Name of Driver	NEE SHYAN CHANG
NRIC No	S1471756J

Date Of Birth	22/11/1961
Occupation	Outdoor
Date Of Driving Pass	24/11/1981
Driving experience	40 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97594995
Alt. Phone Number	+65-97594995
Email Address	Shengpeng@live.com.sg
Address	640 CHOA CHU KANG ST 64 #06-11
Address complement	-
Postcode	680640
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	Side Swipe
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	NG LAY HONG
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 ATTACHED 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	SLW2573L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	TAY WOEI BENG, FRANCIS
Contact Number	(Phone) +65-85336839
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 willful 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. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

[Signature]

Policyholder's Signature / Date & Time

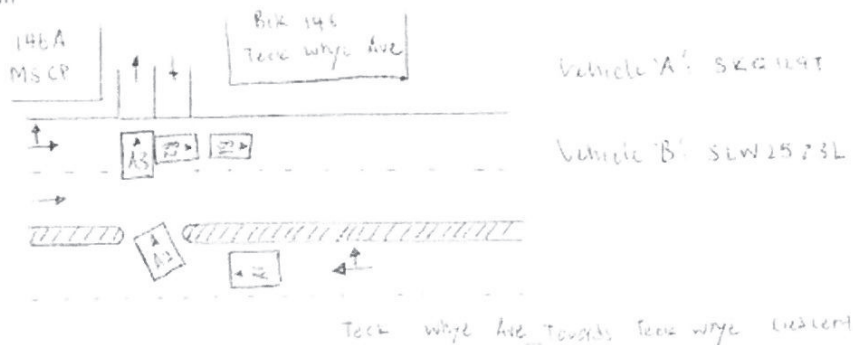
[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel
Soiamatshahn

Sketch Plan



Describe Circumstances of the Accident

on the stated date and time, I vehicle 'A' was travelling along my designated lane along Teck Wye Avenue. I signalled my intention to turn right into Rik 146 Teck Wye Ave carpark and made sure there were no on-coming vehicles. As traffic was clear and as I was making my turn I noticed vehicle 'B' reversing. I tried to stop but to no avail, vehicle 'B' still collided onto me. I got down to realise vehicle 'B' has missed the turn into the carpark and have hence tried to reverse to make the turn in. I would like to state that after the accident, I had difficulty closing and opening my front and rear right door. That is all.

TP Claim Own Workshop

Declaration

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
S. S. S. S. S.

On the 2/1/00

TAY WOEL BENY FRANCIS
reverse and banged into Nee

Shyan Chang car no. SKA 1297

B/K: 146. Tick white.

at Tick white - cck 6.

Driver of the reversed
car no. SLW 2573 ^{agreed to}
settle through insurance claim.

I, TAY WOEL BENY FRANCIS ^{agreed} that I
was at fault of collision.

Car plate: SLW 2573L

sign: