

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 26/02/2022 12:12 (SGT)
Date of Accident 25/02/2022 17:30 (SGT)
Exact Location of Accident Near 136 Bukit Timah Rd, Singapore 229838
Additional Location Information BUKIT TIMAH ROAD EXIT CTE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMH2558Z

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FREDERIK SUNJA TJOE
NRIC No SXXXX359I
Email Address ANMYGRACE555@GMAIL.COM
Mobile Phone No (Phone) +65-97365361
Alternative Phone No +65-97365361

VEHICLE PARTICULARS

Manufacturer Toyota
Model Camry
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 2495

INSURANCE COMPANY

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

DRIVER

Name of Driver ZHANG JUAN JUAN
NRIC No SXXXX332A

Date Of Birth	23/11/1980
Occupation	Indoor
Date Of Driving Pass	10/05/2012
Driving experience	9 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97365361
Alt. Phone Number	-
Email Address	ANMYGRACE555@GMAIL.COM
Address	BLK 197B PUNGGOL FIELD
Address complement	#15-449
Postcode	822197
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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 - Head to Rear
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	LAUTRINA GRACE
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

WHEN I WAS ABOUT TO EXIT FROM THE SLIP ROAD INTO THE MAIN ROAD. I SAW THE APPROACHING CARS. I GAVE WAY TO THE ONCOMING TRAFFIC AND THE CAR BEHIND JUST BANGED ON MY CAR FROM THE BACK.


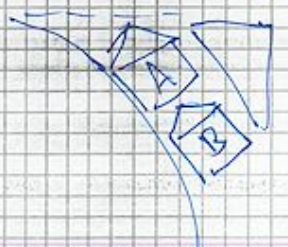
ATTACHMENT(S)

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	SMP789U
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	VENY
Contact Number	(Phone) +65-82008168
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN	
<p>IMPORTANT NOTICE</p> <p>1. Please report correctly the details of the accident to speed up the claims process.</p> <p>2. This form must be completed by the Policyholder and/or the Authorised Driver.</p> <p>3. Information provided must be truthful and accurate as possible. Any misrepresentation or withholding of material information may allow insurance companies to repudiate policy liability.</p> <p>4. The signing of this form is an admission of policy liability on the part of the insured or the insured's companies.</p> <p>5. Any false reporting may be referred to the Police for investigation.</p> <p>6. The report will be forwarded by the insurers to 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.</p> <p>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.</p> <p>8. Consent under the Personal Data Protection Act (PDPA)</p> <p>I understand, acknowledge, agree and consent that:</p> <p>(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:</p> <p>(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;</p> <p>(ii) investigating the accident and/or my claims;</p> <p>(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;</p> <p>(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</p> <p>(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.</p> <p>(collectively the "Purposes")</p> <p>(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</p> <p>(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.</p>	<p style="text-align: center;"></p> <p>_____ Policyholder's Signature / Date & Time</p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p> <p>_____ Witnessed by Reporting Centre Personnel</p>
<p>Sketch Plan</p> 	

Describe Circumstances of the Accident

When I ^{was} about to exit from the split road into the main Road. I saw the approaching traffic cars. I ~~stopped~~ the gave way to the oncoming traffic, and the car behind just banged on my car from the back.

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

























































