

# 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 ..... 24/02/2022 14:08 (SGT)  
Date of Accident ..... 23/02/2022 13:15 (SGT)  
Exact Location of Accident ..... Penang Rd, Penang Road Open Space, Singapore  
Additional Location Information ..... ALONG PENANG RD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLS5418D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... TAN AH HIN  
NRIC No ..... S1515781Z  
Email Address ..... DESMXND.TAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91396558  
Alternative Phone No ..... (Home) +65-91396558

### VEHICLE PARTICULARS

Manufacturer ..... Mazda  
Model ..... MAZDA6 SEDAN 2.0 AT EXECUTIVE EU6  
Variant ..... -  
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 ..... 1998

### INSURANCE COMPANY

Name of Insurance Company ..... Direct Asia Insurance (Singapore) Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MT/00533111/03  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... GLORIA TAN LU TSING  
NRIC No ..... S9747469I

Date Of Birth .....	01/03/1997
Occupation .....	Indoor
Date Of Driving Pass .....	13/03/2020
Driving experience .....	1 YEAR AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-84990808
Alt. Phone Number .....	-
Email Address .....	DESMXND.TAN@GMAIL.COM
Address .....	589A MONTREAL DRIVE #06-174
Address complement .....	-
Postcode .....	751589
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKT9963B
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	PAN SHUHONG
NRIC No .....	S6881522C
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

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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.

 24/02/2022

Policyholder's Signature / Date & Time  
24/02/2022

Sketch Plan 12:21


 24/02/2022

Driver's Signature (if driver is not the policyholder) / Date & Time  
24/02/2022

12:21

 24/02/2022

Witnessed by Reporting Centre Personnel

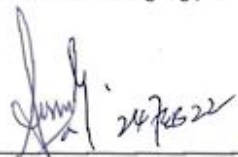
<p>LOCATION:</p> <p>Penang Rd</p> <p>A - SLS5418D</p> <p>B - SKT9963B</p>		
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**Describe Circumstances of the Accident**

On 23 Feb 2022, 1319HRS @ Penang road, I was on the extreme right lane which was a turning lane only, therefore, I had waited for the cars in view to pass and slowed down upon approaching the turn ahead. After signalling and making sure that my lane on my left was clear, I proceeded to switch lane and went straight before I felt a knock on my left side ~~straight~~ out of the sudden. ~~At that~~ At that point, I was in utter shock as I wasn't sure if the car had swerved out of her lane and hit my car or that she was intending to change the lane as well. However, ~~the~~ it was very clear that ~~the car~~ she did not signal ~~and~~ throughout the incident. Looking out the previous traffic junction, driver had also cut a lane and not signal to state intent clearly. This poses a dangerous scenario especially when she was going at a rather high speed to overtake cars recklessly.

**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





















































