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 witholding 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.

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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 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 07/03/2022 16:23 (SGT) Date of Accident 06/03/2022 12:50 (SGT) Exact Location of Accident 272 Jurong West St. 24, Singapore Additional Location Information Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SI R5781J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner YANG ZHI NRIC No. S%XX6414F Email Address oceanyz@hotmail.com Mobile Phone No (Phone) +65-96520291

Alternative Phone No +65-96520291

VEHICLE PARTICULARS

Manufacturer Honda Model Vezel 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?

Vehicle Category Transmission

CC

Private use

No - Claiming third party

Private car

Auto

1500

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.

Type of Coverage Comprehensive

Fleet Policy

Policy Number P10648563R00

Cover Note Number

DRIVER

Name of Driver YANG ZHI NRIC No. S8275414F

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	08/04/1992 Outdoor 06/06/2018 3 YEARS AND 9 MONTHS Male (Phone) +65-96520291 +65-96520291 oceanyz@hotmail.com BLK 272B JURONG WEST ST 24 #05-88 - 642272 Yes - No
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? PASSENGER 1 Name	No 2 Yes No Yes 2 No
Gender	Female
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	No No -
CIRCUMSTANCES OF ACCIDENT	
ON THE STATED DATE AND TIME, I AM DRIVING MY VEHICLE JURONG WEST ST 24. I NOTICED THAT THE VEHICLE B (SLH SLH4393E GO BACKWARDS AND HIT ONTO THE FRONT RIGH	4393E) STOPPED, I ALSO MAKE A STOP. SUDDENLY, VEHICLE
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer	

Vehicle Variant

Vehicle Model

Vehicle Colour	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

Yes

No

Were seat belts worn?

INJURED 1	
Name of injured person Gender	YANG ZHI Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLR5781J
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No
INJURED 2	
Name of injured person	MA YUE
Gender	Female
Phone No	-
Address	_
Address Complement	_
Post Code	_
Approximate Age Years Old	_
Injuries Sustained	_
Injured person in which vehicle?	SLR5781J
Wara soat halts warn?	3LN37013

Was this injured conveyed to hospital by ambulance?

SKETCH PLAN

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- 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.

Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Witnessed by Reporting Centre Remonnel

Sketch Plan

VEHICLE (A) SLR 5781 J.

(B) . SLH 4393. E.

GARAGER 13

ON THE STATED DATE 8 TIME, I'M DRIVING MY VEHICLE @ SLK 5781	7.
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	4
TWITH MY WIFE TEAVELLING BLK STORS JURONG WEST STOLL A 05-88 SHIGAPORE	
642273. I'M NOTICE THAT THE VEHICLE B SLH 4393 E WAS STOP, IAND MAKE	A
STUP SUPPERLY, VEHICLE (B) . SLH 4393 E GO BACKWARDS AND HIT ONTO THE RE	EAR.
PIGHT OF MY VEHICLE @ SLR 5781J.	
VEHICLE @ SLk 5781J.	
(B. 844 4393 E.	

Declaration

I/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















Budget

Certificate of Insurance

Certificate Number P10648563R00 (Comprehensive / Named Graver Plan)

Persons or Classes of Persons Entitled to Grice?

Descriptions or Classes of Persons Entitled to Grice?

Description amend on a Manifest Normal Court of the Controlled of Processing and a Chief Stank or regulations to the Motor Stank or becoming in JOHn Stank or regulations to the Motor Stank or the Description or that the majority and in an entitled and an operation of the Stank or the entitled as the stank or assessment or regulation or that the first Matter specified which stank or description or that the first Matter specified which stank or the Proceedings of the Stank or the St

Autood Deposity Claim of State

B) Finance Company

Burk

Aufo & Recent Province Congrades, Ser Limited (Ed. Reg. No. 2016/2019). History of Budget Girect Chaurence 190 Cemerican, Avenus, 700 US. Seisspork Stopping Centre. Sinspork 219928. Tel. 6225-2313. Budget Girect remov