

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 14/08/2021 09:57 (SGT)
Date of Accident 24/07/2021 17:00 (SGT)
Exact Location of Accident Yishun Ave 6, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMQ368X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner JW LEASING PTE LTD
Company Reg No 201837439R
Email Address richardng5558@gmail.com
Mobile Phone No (Phone) +65-82725558
Alternative Phone No +65-82725558

VEHICLE PARTICULARS

Manufacturer Hyundai
Model AD AVANTE 1.6 GLS
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 - Reporting only
Vehicle Category Private hire
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy Yes
Policy Number SPMF1000000405
Cover Note Number -

DRIVER

Name of Driver R SANTOSH VOHRA
NRIC No S9437703Z

Date Of Birth	09/10/1994
Occupation	Outdoor
Date Of Driving Pass	11/06/2019
Driving experience	2 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-83350427
Alt. Phone Number	-
Email Address	r_santosh_vohra_94@outlook.com
Address	BLK 156 YUNG LOH ROAD #04-18
Address complement	-
Postcode	610156
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - HC AUTO

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	GBE1305P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	TAN BENG CHUAN
-	S1570262A

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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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 :

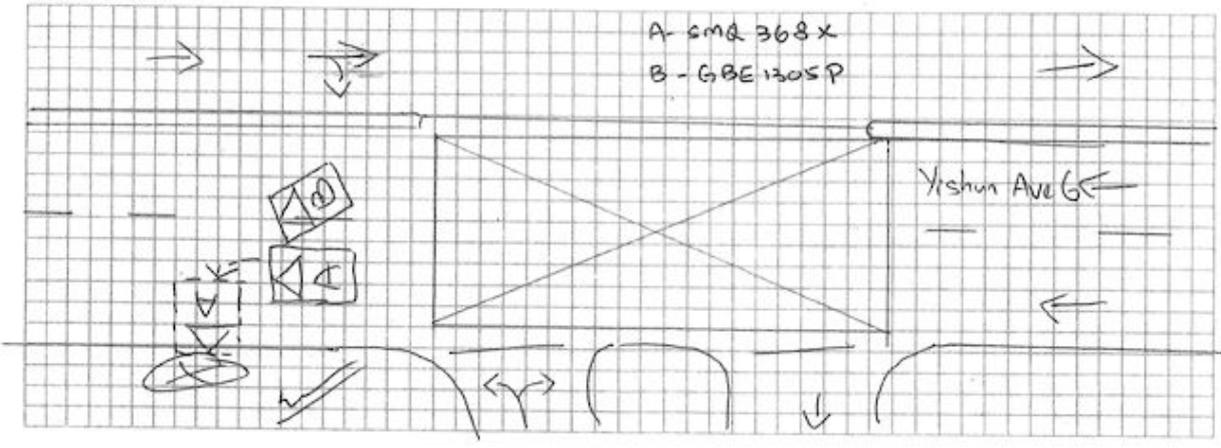
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

 <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>
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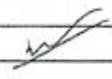
Sketch Plan



Describe Circumstances of the Accident

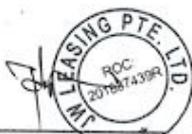
On 24/7/2021 about 1700hrs, while I was driving my motor vehicle A SMC368X along Yishun Ave 6 extreme left lane suddenly I felt an impact from my right. I realised they was a motor vehicle B GBE1305P front left portion hit onto my front right portion and with a very fast speed the impact was great to push my motor vehicle A SMC368X move forward up from road kerb and hit against the signage board pole. No one was injured, I'm lodging this report for recording purpose. I like to say that the driver of GBE1305P left eye is visibly visually impaired. The traffic police officer Mr Lim Zheng Yao was attended of the accident scene and confirmed no injured, no damage for Government property so no police report need.

Please email GIA report to hcauto@signet.com.sg



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





























