## **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 23/03/2022 22:48 (SGT) Date of Accident 23/03/2022 12:30 (SGT) Exact Location of Accident Seng Poh Rd, Singapore Additional Location Information Outside Tiong Bahru Food Center Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

1999

Vehicle Registration Number SLV9339G

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner KAO JIA YU ANGELINA NRIC No SXXXX856B Email Address angelinakao1@gmail.com Mobile Phone No (Phone) +65-91281896 Alternative Phone No +65-91281896

#### VEHICLE PARTICULARS

Manufacturer LandRover Model Discovery Variant Y SPORTS 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

#### **INSURANCE COMPANY**

Name of Insurance Company Singapore Life Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 10991666 Cover Note Number

#### DRIVER

CC

Name of Driver KAO JIA YU ANGELINA NRIC No. SXXXX856B

Date Of Birth 15/12/1967 Occupation Indoor Date Of Driving Pass 03/01/1989 Driving experience 33 YEARS AND 2 MONTHS Gender Female Mobile Number (Phone) +65-91281896 Alt. Phone Number +65-91281896 Email Address angelinakao1@gmail.com Address 21 BERWICK DRIVE Address complement Postcode 559911 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Nο 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 - Opening Door of Vehicle Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) 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? Nο Was notice of intended Prosecution given? No If yes, against whom?

#### CIRCUMSTANCES OF ACCIDENT

I was travelling along Seng Poh Road towards Eng Hoon Street, after passing the car park entrance of Tiong Bahru Food Centre, there were cars stopping along the left hand side of the roads. I was driving slowly as there was car in front intended to pull along the left hand side, at the same time there were pedestrians waiting at both sides, to cross the roads. Sudden I heard a loud bang on the left side of my car, I noticed the left side view mirror was severely damaged, and from the rear mirror I saw a parked white van with door opened, a man was coming out from the van. As there were cars in behind and pedestrians around the area, I did not immediately stop the car, but slowly pull over some where near the main entrance to the Tiong Bahru Food Centre.

After I came down from the car and approached the van, the driver was trying to pick up the damaged pieces of my side mirror from the road, which he handled to me later.

The driver admitted that he was at fault, as he opened the door without waiting my car to pass, as he thought could managed in time.

#### 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	GBH9614D
Vehicle Manufacturer	Nissan
Vehicle Model	Nv350
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Commercial vehicle
Name of Driver	MUHAMMAD FIRDAUS BIN YAHAYA
NRIC No	SXXXX538G
Contact Number	(Phone) +65-87887979
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 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.
- 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.
- By the lodgment 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:
  - 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

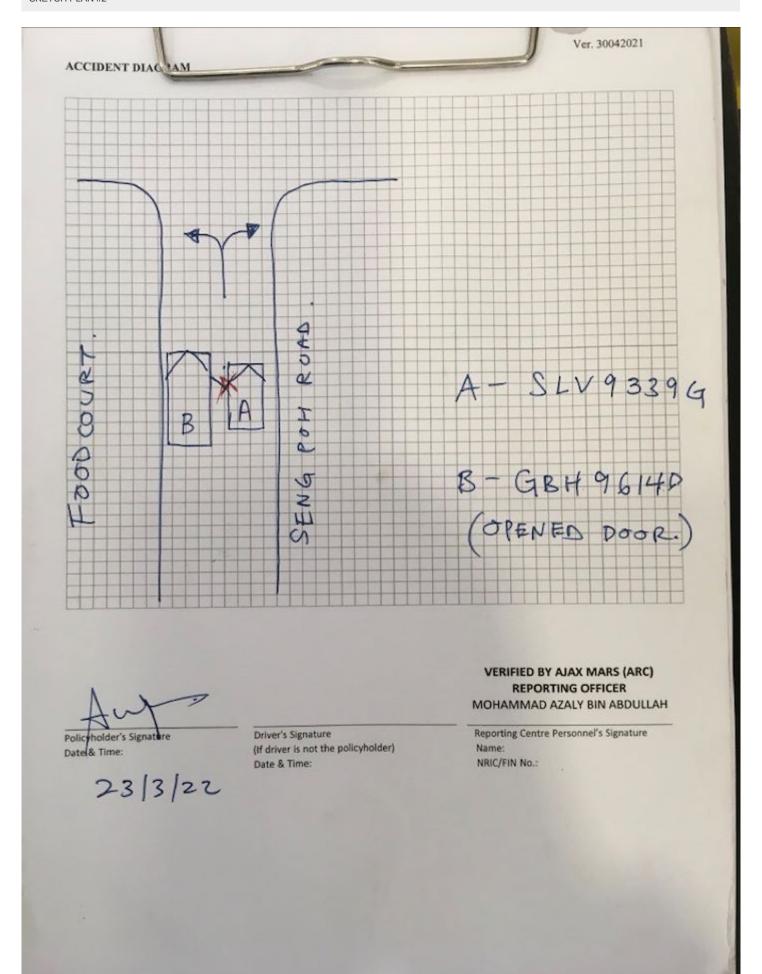
23032022

Driver's Signature (If driver is not the policyholder) Date & Time: VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMC SketchPlanForm V.



# SKETCH PLAN REFER TO ATTACHED ACCIDENT DIAGRAM

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Seng Poh Road towards Eng Hoon Street, after passing the car park entrance of Tiong Bahru Food Centre, there were cars stopping along the left hand side of the roads. I was driving slowly as there was car in front intended to pull along the left hand side, at the same time there were pedestrians waiting at both sides, to cross the roads.

Sudden I heard a loud bang on the left side of my car, I noticed the left side view mirror was severely damaged, and from the rear mirror I saw a parked white van with door opened, a man was coming out from the van.

As there were cars in behind and pedestrians around the area, I did not immediately stop the car, but slowly pull over some where near the main entrance to the Tiong Bahru Food Centre.

After I came down from the car and approached the van, the driver was trying to pick up the damaged pieces of my side mirror from the road, which he handled to me later.

The driver admitted that he was at fault, as he opened the door without waiting my car to pass, as he thought could managed in time.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time:

23032022

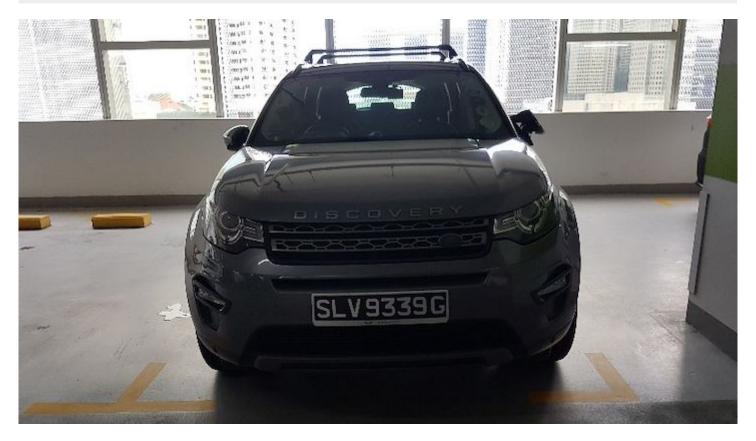
Driver's Signature Date & Time:

(If driver is not the policyholder)

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER MOHAMMAD AZALY BIN ABDULLAH

Reporting Centre Personnel's Signature NRIC/FIN No.:

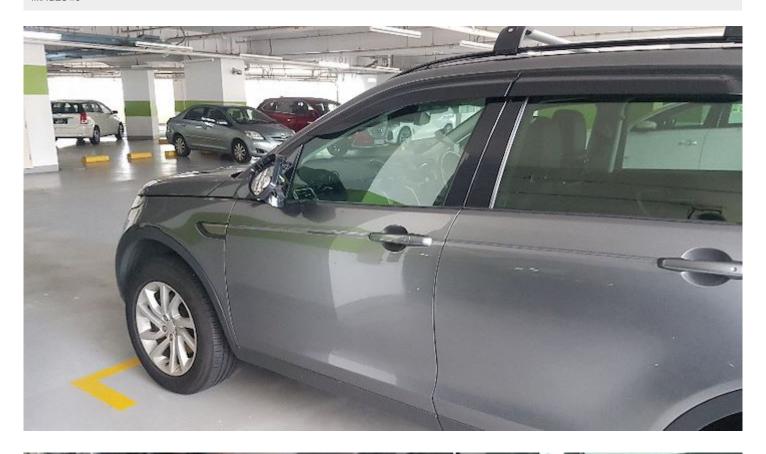
2















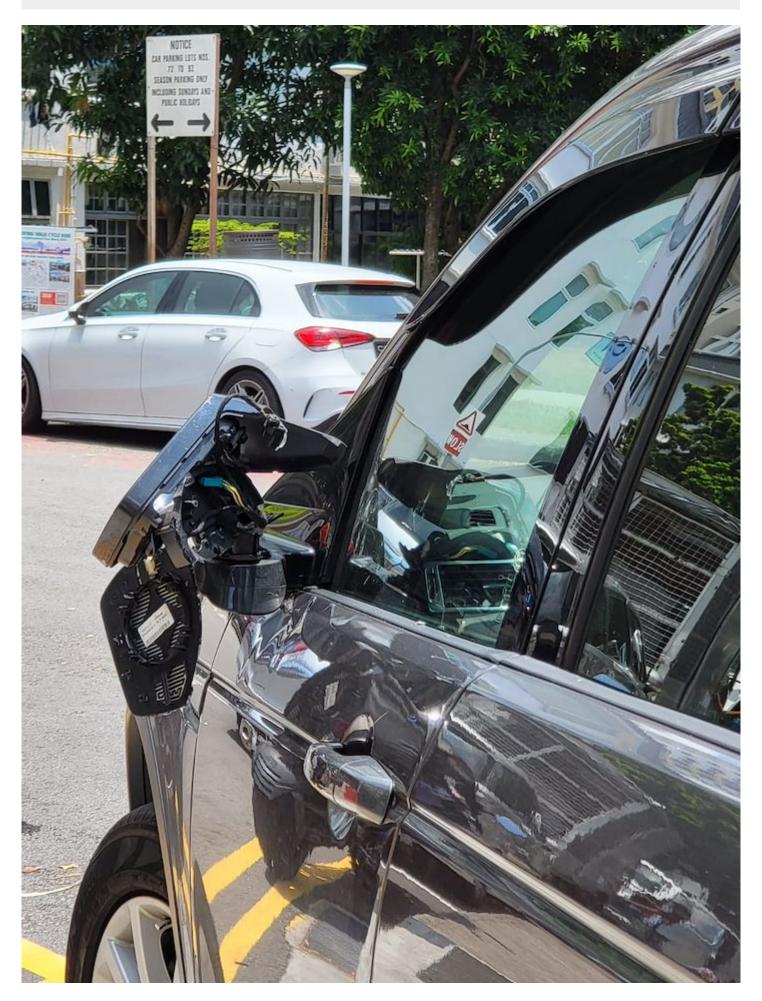




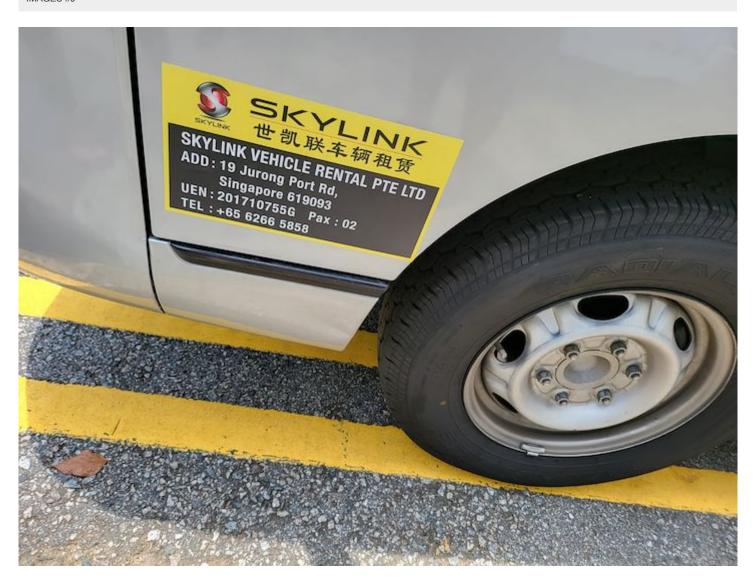














IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Accident Reporting Centre with whom you submitted the Original Report.

	ADDEND	им
A)	PARTICULARS OF PERSON MAKING THE AMENDMENT	'S:
	Original Report No: SAOA223N0005	Vehicle Registration No:SLV9339G
	Name (as shown in NRIC). KAO JIA YU ANGELINA	
	(*XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	Address:	Singapore (
	Contact (Tel):	Mobile No.: 91281896
	Email Address: angelinakao1@gmail.com	_
	Date of Accident: 23/03/2022	Time of Accident: _12:30 (SGT)
	Place of Accident: Outside Tiong Bahru Food (	
	Insurance Company: Singapore Life Ltd	
	AMEND: CIRCUMSTANCES OF ACCIDENT	
	. <del>.</del>	
		sus An
	Policyholder / Driver's Signature Date:	Reporting Centre Personnel's Signature Name: FS NEO NRIC/FIN No.: Date: 25/03/2022

GIARMC Addendum Form