

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 12/04/2022 13:15 (SGT)
Date of Accident 11/04/2022 14:40 (SGT)
Exact Location of Accident Boon Lay Way, Singapore
Additional Location Information BOON LAY WAY TURNING RIGHT TO JURONG GATEWAY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SND8540T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN CHIN AUN
NRIC No SXXXX555G
Email Address wly.tan@yahoo.com.sg
Mobile Phone No (Phone) +65-96461458
Alternative Phone No +65-96461458

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
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 2000

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5125746344
Cover Note Number -

DRIVER

Name of Driver TAN WEN XUAN

NRIC No	TXXX073Z
Date Of Birth	03/01/2002
Occupation	Indoor
Date Of Driving Pass	22/11/2021
Driving experience	5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96403189
Alt. Phone Number	-
Email Address	2sctan.wen.xuan@gmail.com
Address	BLK. 755 WOODLANDS AVE 4
Address complement	#10-307
Postcode	730755
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	Side Swipe
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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	BRAYDEN THAM
Gender	Male

PASSENGER 2

Name	TIMOTHY HO
Gender	Male

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

I WAS DRIVING STRAIGHT ON THE FIRST LANE, UPON REACHING THE JUNCTION, SUDDENLY GBG2276Y CUT INTO MY LANE AND COLLIDED ONTO MT LEFT HAND FRONT PORTION AND CAUSED DAMAGE.

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	GBG2276Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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' 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.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

進成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
 38 Woodlands Industrial Park East 1
 #07-17 Admiralty Industrial Park
 Singapore 757700
 Tel: 6219 2096 (lines) Fax: 6219 2096
 Witnessed by Reporting Centre Personnel

Sketch Plan

A - SNO240T

B - G062274y

Describe Circumstances of the Accident

I was driving straight on the first lane, upon reaching the junction, suddenly G862276Y cut into my lane and collided onto my left hand front portion and caused damage

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage claim under your own comprehensive policy. please check with your policy for more information.

Declaration

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



Policyholder's Signature / Date & Time



進友成汽車服務私人有限公司
CYS Automobile Services Pte Ltd
38 Woodlands Industrial Park East 1
#07-17 Admiralty Industrial Park
Singapore 757700
Tel: 6219 2098 (Chinese) Fax: 6219 2096

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel