GIA SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE
1. Please report underlined 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.
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	10/05/2022 15:05 (SGT)
Date of Accident	10/05/2022 11:15 (SGT)
Exact Location of Accident	Victoria St, Singapore
Additional Location Information	VICTORIA STREET/MIDDLE ROAD JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML1560B

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN CHIN HON (CHEN JINHONG)
NRIC No	SXXXX876Z
Email Address	MMFREAK99@YAHOO.COM
Mobile Phone No	(Phone) +65-96566324
Alternative Phone No	+65-96566324

VEHICLE PARTICULARS

Manufacturer	Kia
Model	Stonic
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	998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10725019R00
Cover Note Number	-

DRIVER

Name of Driver	TAN CHIN HON (CHEN JINHONG)
NRIC No	SXXXX876Z

Date Of Birth	18/12/1980
Occupation	Indoor
Date Of Driving Pass	25/06/2012
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96566324
Alt. Phone Number	+65-96566324
Email Address	MMFREAK99@YAHOO.COM
Address	634 VEERASAMY RD #21-144
Address complement	-
Postcode	200634
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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 ATTACHMENT

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM6871Z
Vehicle Manufacturer	Mitsubishi
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ZHU WEIDONG
Contact Number	(Phone) +65-90577198
Address	-
Address complement	-

Postcode .... -
Insurance Company Name .... Lonpac Insurance Bhd
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' 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	Witnessed by Reporting Centre Personnel

Sketch Plan

A: SML 1560 B
B: YM6871 Z
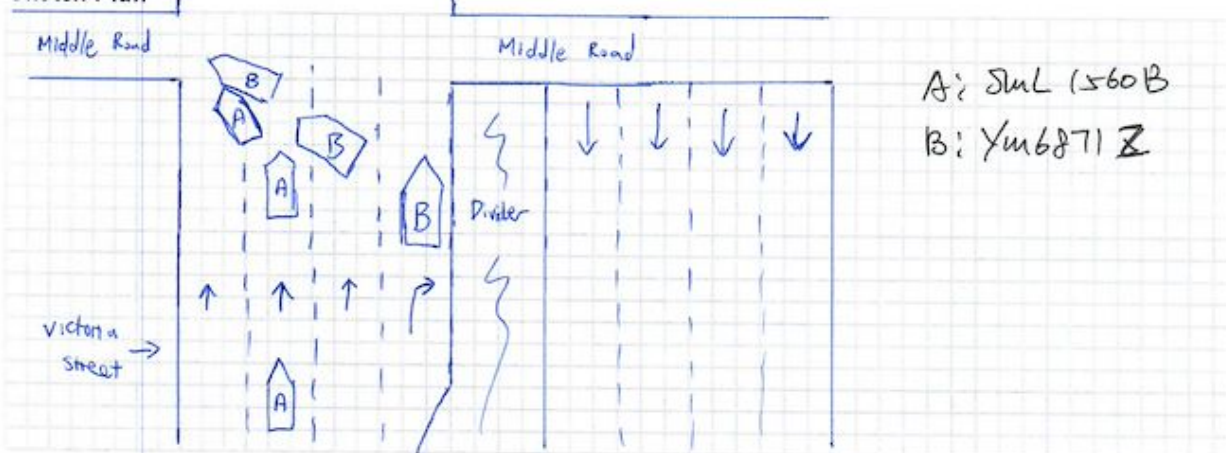
Describe Circumstances of the Accident

Driving Straight along Victoria Street on 2nd lane from the left. Small lorry suddenly cut across from right-most lane to make a left on Victoria street (i.e. go into Middle Road). When I notice the lorry, I braked. The turning lorry hit into my car ~~and~~ and pushed me slightly to the left.

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

Accident report **SC1A225A0003**