

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 05/05/2022 18:21 (SGT)
Date of Accident 04/05/2022 20:00 (SGT)
Exact Location of Accident Near 205 Braddell Rd, Singapore 579701
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBN8226R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ALFRED CASIMIR NATHAN
NRIC No SXXXX887I
Email Address acn@sgi.edu.sg
Mobile Phone No (Phone) +65-96796835
Alternative Phone No (Home) +65-630070688

VEHICLE PARTICULARS

Manufacturer	Subaru
Model	Forester
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company Lonpac Insurance Bhd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number Z/22/VP05/031006
Cover Note Number -

DRIVER

Name of Driver ALFRED CASIMIR NATHAN
NRIC No SXXXX887I

Date Of Birth 28/09/1963
Occupation Indoor
Date Of Driving Pass 09/01/1997
Driving experience 25 YEARS AND 4 MONTHS
Gender Male
Mobile Number (Phone) +65-96796835
Alt. Phone Number (Home) +65-630070688
Email Address acn@sgji.edu.sg
Address 15A SERANGOON GARDEN WAY
Address complement
Postcode 555923
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 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) 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

ON 04/05/2022 AT ABOUT 2000 HOURS, I WAS DRIVING ALONG BRADDELL ROAD TOWARDS BARTLEY DIRECTION. JUST BEFORE THE EXIT TO CTE (AMK), A BUS (REGN NO: UNKNOWN) SUDDENLY FILTERED FROM THE EXTREME LEFT LANE INTO MY LANE. ON SEEING THAT, I SLOWED DOWN TO GIVE WAY TO THE BUS AND THEN FILTERED A BIT TO THE LEFT WHEN ANOTHER VEHICLE (REGN NO: SMZ8601Y) COLLIDED ONTO THE FRONT LEFT PORTION OF MY VEHICLE (REGN NO: SBN8226R). FORTUNATELY NO ONE WAS INJURED.

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 SMZ8601Y
Vehicle Manufacturer Honda
Vehicle Model Vezel
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private hire
Name of Driver TAN WOO NEE

Contact Number (Phone) +65-92293306
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage MINOR DAMAGE
Details of property damaged in accident REAR RIGHT DOOR PORTION
No. Of Passenger (Including Driver) 1

SKETCH PLANIMPORTANT NOTICE

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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 situated outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time 05/05/22

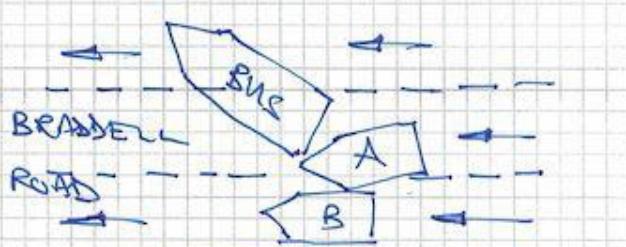
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

Sketch Plan

A SBN8226R

B SMZ8601Y



Describe Circumstances of the Accident

PLEASE REFER To Report

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date &
Time: 05/05/22


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


Witnessed by Reporting Centre
Personnel