

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	23/05/2022 18:03 (SGT)
Date of Accident	21/05/2022 06:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CHANGI AIRBASE WEST CAB(W)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS5425C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN KAM KHUAN
NRIC No	SXXXX955B
Email Address	chan2kk@gmail.com
Mobile Phone No	(Phone) +65-96513411
Alternative Phone No	+65-96513411

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1597

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10627679R00
Cover Note Number	-

DRIVER

Name of Driver	CHAN KAM KHUAN
NRIC No	SXXXX955B

Date Of Birth	25/07/1960
Occupation	Indoor
Date Of Driving Pass	21/06/1980
Driving experience	41 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96513411
Alt. Phone Number	+65-96513411
Email Address	chan2kk@gmail.com
Address	228 PASIR RIS STREET 21 #08-06
Address complement	-
Postcode	510228
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 - Major/Minor Rd
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	MID
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Government

Name of Driver	LCP WONG SAY JUAN NICHOLAS
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN KAM KHUAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	3 DAYS MEDICAL LEAVE
Injured person in which vehicle?	SDS5425C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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7. 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 sforesaid.
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.
- (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, regulations, 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: 23/5/2022
10:30am

Driver's License No.

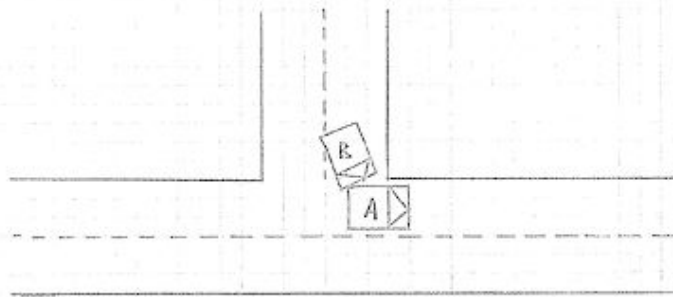
(If driver is not the policyholder)
Date & Time:

Featuring Course Professor's Signature

Name:	Florian Schönherr
NR./IC/Fin. No.:	Florian Schönherr

SKETCH PLAN

Vehicle A - SD55425C
Vehicle B - MID



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 21 May 2022 at about 6.25am, I was driving my vehicle SD55425C (Vehicle A) in the Changi Airbase West towards the direction of F50 Hangar (within speed limit of 40 km/hr). While approaching a T-junction (having the right of way going straight), suddenly a MID vehicle (Vehicle B) on the left failed to stop / slow down at the stop line. Thus, vehicle B hit onto my vehicle. My vehicle sustained damages to the rear left. After the incident I am not feeling well, and I went to clinic and given 3 days MC. Army office contact: MAJ Stefan (OC 608) 9187 4959

DECLARATION

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


Policyholder's Signature
Date & Time: 23/5/2022
10.30 am

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


Reporting Centre Personnel's Signature
Name: TP Claim at Run Holdap
NRIC/FIN No.: Seemprashah

















**SINGAPORE
POLICE FORCE**



G/20220523/7022

1 of 1

POLICE REPORT (NP299)

Report No. G/20220523/7022

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000

Date/Time Report Made 23/05/2022 11:31	Vide Report No.	Station Diary No.
Name Of Informant CHAN KAM KHUAN	Address 228 PASIR RIS STREET 21 #08-06 SINGAPORE 510228	
ID Type / ID No. NRIC NO / S1421955B	Contact No. Home/Office:	Mobile: 96513411
Nationality SINGAPORE CITIZEN	Email Address CHAN2KK@GMAIL.COM	
Occupation Aircraft engine mechanic and repairer	Sex Male	Age 61
Institution/School Name	Date of Birth 25/07/1960	Race Chinese
Date/Time Of Incident 21/05/2022 06:25	Location Of Incident 508A CRANWELL ROAD CHANGI AIR BASE (WEST) SINGAPORE 509863	

Brief details.

On 21 May 2022 at about 6.25am, I was driving my vehicle SDS5425C (Vehicle A) in the Changi Airbase West towards the direction of F50 Hangar (within speed limit of 40 km/hr). While approaching a T-junction (having the right of way going straight), suddenly a MID vehicle (Vehicle B) on the left failed to stop / slow down at the stop line. Thus, vehicle B hit onto my vehicle. My vehicle sustained damages to the rear left. After the incident I am not feeling well, and I went to clinic and given 3 days MC.
Army office contact: MAJ Stefan (OC 608) 9187 4959

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2022 11:31
Officer In-Charge Of Case:	Classification Of Case: