

## REF:

STV634SG, Yr Recn: 2010 / Feb.

Veh No: 3 JV 634 XG Yr Regn: 2310 / 125.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Volkswagen Jetta. C.C. 1380

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading 151465 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: WVVWZZZ1KZA\*4001113

Gen. Cond: Good / Fair / Poor / Burnt


Steering: Inorder / Jammed / Leaked / Burnt or

Brake: in order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R16.

R: 205/55R46

	
N/S	O/S

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. 26 mm

L/Bal. 06 mm      L/Bal. 06 mm

D.O.A. D.O.I. 02/06/22

Survey held at

Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or

Rees N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	TP LonPac.
	COE Expiry : 31/07/2025.
	MV :
	PV :
	Nett:

☐ : Prel. Report  
☐ : Final Report

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$☐ Interview (\$

Tech Invs (3)

Transportation:

Photos

} Others;



# 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	30/05/2022 16:54 (SGT)
Date of Accident	29/05/2022 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Along Ang Mo Kio Ave 5 twds CTE
Country/State of Loss	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6345G
-----------------------------	----------

### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Huang JiaJia
NRIC No	S9085974I
Email Address	abc8627e@gmail.com
Mobile Phone No	(Phone) +65-97232815
Alternative Phone No	+65-97232815

### VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Jetta
Variant	Jetta
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	1400

### INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	MT 00993846
Cover Note Number	nil

### DRIVER

Name of Driver	Huang JiaJia
NRIC No	S9085974I

Date Of Birth .....	11/12/1990
Occupation .....	Indoor
Date Of Driving Pass .....	30/09/2016
Driving experience .....	5 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97232815
Alt. Phone Number .....	+65-97232815
Email Address .....	abc8627e@gmail.com
Address .....	123 Compassvale Bow #09-28
Address complement .....	-
Postcode .....	544819
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 - Head to Rear
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

Report 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 .....	GBC9395L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial 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) .....	-

# SKETCH PLAN

## 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 willful 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. 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.
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.

## 8. Consent under the Personal Data Protection Act (PDPA)

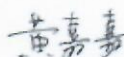
I understand, acknowledge, agree and consent that :

(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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :

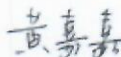
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

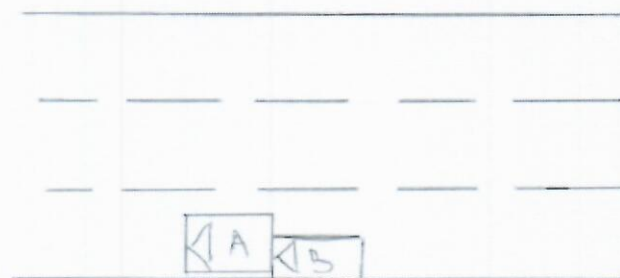


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

## Sketch Plan



Along Ang Mo Kio Ave 5 before CTE Exit.

Vehicle A: SJV6346G  
Vehicle B: GBC9395L



**Describe Circumstances of the Accident**

On the stated date & time, my vehicle was parked stationary due to gearbox malfunction. I sat on the hazard light while waiting for the tow truck to tow the vehicle. Suddenly vehicle 'B' didn't notice my vehicle & hit onto my vehicle rear portion.

**Declaration**

We declare the foregoing particulars are true in every respect.

黃嘉嘉

Policyholder's Signature / Date & Time

黃嘉嘉

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

L

Witnessed by Reporting Centre Personnel