

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	28/06/2022 08:31 (SGT)
Reported by	Driver
Date of Accident	24/06/2022 18:30 (SGT)
Exact Location of Accident	Near 1 Grange Rd, Singapore 239693
Additional Location Information	JUNCTION OF ORCHARD ROAD AND CAIRNHILL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ145X

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner FU BENJAMIN

VEHICLE PARTICULARS

Manufacturer Mazda
Model 6
Variant -
Vehicle Category Private car
Transmission Auto
CC 2000

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10638657R00

DRIVER

Name of Driver HONG PEIR WEN
NRIC No S8033206H
Address BLK 149 MEI LING STREET #04-73
Address complement -
Postcode 140149
Does Driver Own Other Vehicles? No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Collision - Change/cross lane

Weather Conditions Clear

OTHER INFORMATION

Was any foreign vehicle involved in the accident? No
Was anybody injured in the Accident? No
Was any other vehicle or property damaged? Yes
Number of Passengers (Including Driver) 2
Translator's name -
Translator's ID -
Translator's phone number -
Translator's email -
Original language used in the statement -

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMR6288Z
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Private car
Name of Driver NG KANGLUN AUGUSTINE
Insurance Company Name -

SKETCH PLAN

IMPORTANT NOTICE

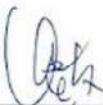
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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that :

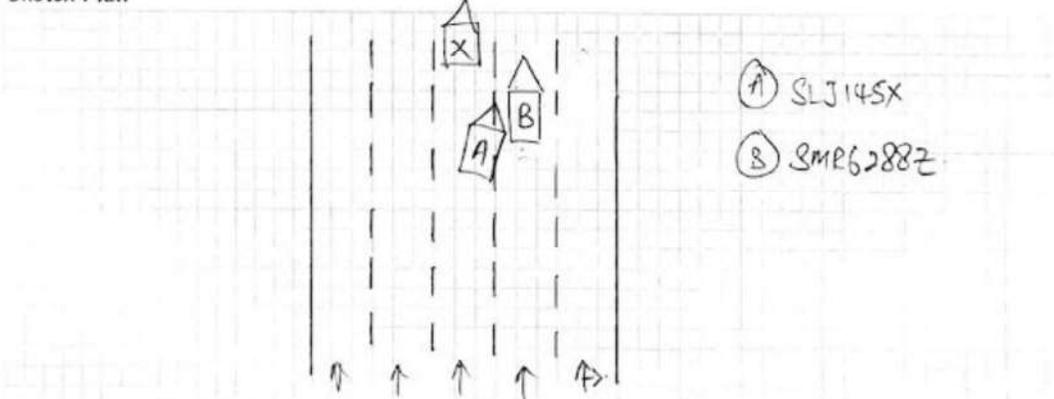
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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
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Sketch Plan



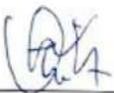
Describe Circumstances of the Accident

on 24/6/2022 @ 6.30pm. I WAS DRIVING ALONG ORCHARD ROAD. I SIGNAL RIGHT TO MAKE A LANE CHANGE. I CHECK MY BLINDSPOT AND IS CLEAR, I PROCEED TO MAKE A LANE CHANGE TO THE RIGHT. SUDDENLY, VEHICLE (B) BRAKE AND WHEN I NOTICE, I QUICKLY BRAKE AS WELL BUT COULD NOT STOP IN TIME AND HIT ONTO VEHICLE (B) REAR LEFT PORTION.

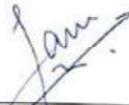
Declaration

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

























