

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 Actual 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	02/08/2022 13:32 (SGT)
Reported by	Both
Date of Accident	01/08/2022 14:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JURONG GATEWAY RD/BOON LAY WAY CROSS JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN8663M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN JOON MENG
NRIC No	S0114087F
Email Address	samueltw@hotmail.com
Mobile Phone No	(Phohe) +65-90676699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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	1496

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10740254R00

DRIVER

Name of Driver	TAN JOON MENG
NRIC No	S0114087F
Date Of Birth	04/06/1952
Occupation	Indoor

Date Of Driving Pass	08/03/1977
Driving experience	45 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90676699
Alt. Phone Number	-
Email Address	samueltw@hotmail.com
Address	BLK 21 QUEEN'S CLOSE #04-131
Address complement	-
Postcode	140021
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	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	SHARON
Translator's ID	S8413954H
Translator's phone number	(Phone) +65-62717054
Translator's email	sharon@charnscustomcraftc.om.sg
Original language used in the statement	Mandarin

PASSENGER 1

Name	TAN YU EE
Gender	Female

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 SKETCH

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6489D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	White
Vehicle Category	Bus
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC7667A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	WONG KAI EN KENNETH
NRIC No	S9017699D
Contact Number	(Phone) +65-91142341
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

VEHICLE NO: SDN 8663M
DATE OF ACCIDENT: 1/8/22

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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

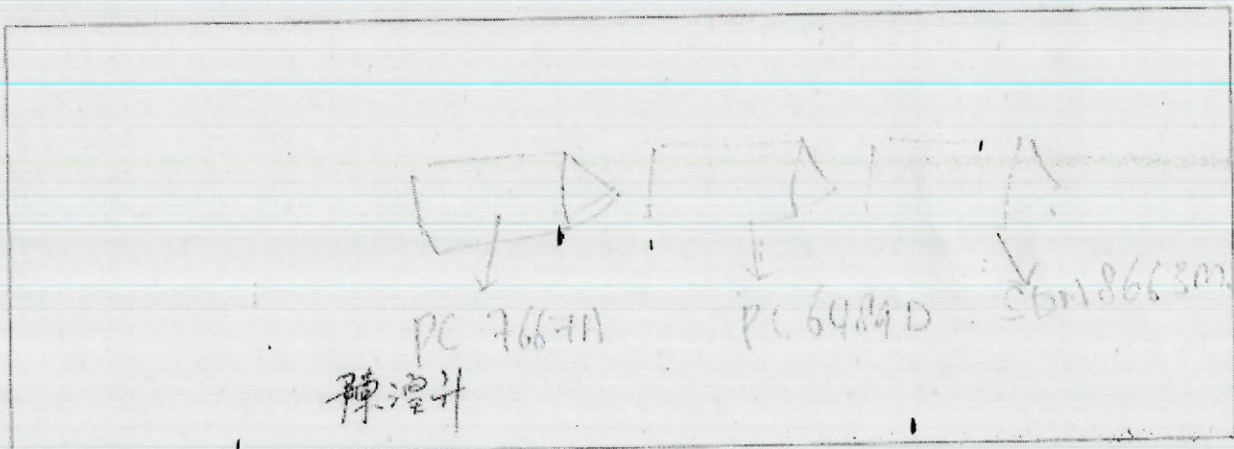
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident VEHICLE NO: SDN 8663m DATE OF ACCIDENT: 1/8/22

SDN 8663M
我的車停在32K, 3-4輪車之15, 15面停3-輪學生巴士, 最初之15
初感到車15不穩, 在巨錫門55間, 2.00pm 下車後, 發現學生巴士上
我的車, 而中學生巴士車牌是 PC6459D, 而學生巴士15初一輛大和
初被巴士上, 車牌是 PC7667A, 司機是 S9017699D NONG KAI EN KERREH

My vehicle was stationary waiting for traffic light to turn green.
In front of me were a few other cars. While I was waiting,
suddenly there was a impact hit onto my rear portion.
I came out of the car and asked the driver why he hit me.
The driver said the bus behind him hit onto him and caused the
impact to hit my car. Finally find video attached.

REPORTING ONLY () OWN DAMAGE () THIRD PARTY () OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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

陳子軒 2/8/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel











TOYOTA MOTOR MANUFACTURING INDONESIA

MODEL	NSP170R-MWYNKT	1496 mL
ENGINE	2NR-FE	
FRAME No.	MHFZ28113900071474	OPTION
COLOR	TRIM	GVM (Kg)
1D4	FB20	
TRANS/AXLE	K312	
PLATE/CHLT	Z37	03-2021





