# **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 witholding 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.

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   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 18/08/2022 10:56 (SGT) Reported by Date of Accident 18/08/2022 07:30 (SGT) Exact Location of Accident Singapore Additional Location Information SLE BEFORE MANDAI RD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SGL1898Z

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner CHEN TIAN GUI RYAN NRIC No S7581229I Email Address TIANGUI@GMAIL.COM Mobile Phone No (Phone) +65-90176637 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Hyundai Model Elantra Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1600

**INSURANCE COMPANY** 

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10363788R01

DRIVER

Name of Driver CHEN TIAN GUI RYAN NRIC No S7581229I Date Of Birth 03/05/1975 Occupation Indoor



Date Of Driving Pass 27/04/2012 Driving experience 10 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90176637 Alt. Phone Number Email Address TIANGUI@GMAIL.COM Address 507D WELLINGTON CIRCLE #04-104 Address complement Postcode 754507 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 Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No Translator's name Translator's ID Translator's phone number Translator's email Original language used in the statement DETAILS OF POLICE ACTION Was the accident reported to the police? No Was notice of intended Prosecution given? Nο 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 **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SGZ8885R Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Private car

S9229434Z

LYE JIA HAO, ALBIN

Vehicle Category

Name of Driver

NRIC No

Contact Number Address	(Phone) +65-94381526
	-
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 Vehicle Manufacturer Vehicle Model	SLR8256P -
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	DENNIS LIM BOON HWEE
NRIC No	S7412803C
Contact Number	(Phone) +65-93637520
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 3**

Vehicle Registration Number	SNB837B
Vehicle Manufacturer	<u>-</u>
Vehicle Model	<del>-</del>
Vehicle Variant	<del>-</del>
Vehicle Colour	·· -
Vehicle Category	Private car
Name of Driver	CHEN XINYI. GWENDOLYN
NRIC No	S9017728A
Contact Number	(Phone) +65-98571853
Address	,
Address complement	
Postcode	
Insurance Company Name	
Nature Of Damage	<u>-</u>
Details of property damaged in accident	<u>-</u>
No. Of Passenger (Including Driver)	

### SKETCH PLAN

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- 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 Traffic Police Department for investigation.

- This report will be forwarded by the insurers to 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.
- 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' 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 (Name as in NRIC/ID card)

Sketch Plan



1

cribe Circumstance of the Accident	* ja
chicles in front syddenly is	ammed brake - I followed to do so but
hide bohind me come crash	rine outo the rear of my vahicle. And
vis couses my car to hist or	nto the vehicle in front of mine.
	incident involved a total of 4 vehicles
reluding mine.	
	Λ
	respect.
	respect.
	respect.
Declaration  I/We declare the foregoing particulars are true in every respectively.	
Polloyholder's Signature / Date & Time  Driver's Signature / Time	respect.  The (if driver is not the policyholder) / Date  (Name as in NRIC/ID card)  Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)
Policyholder's Signature / Date & Time	e (if driver is not the policyholder) / Date  Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time Driver's Signature	e (if driver is not the policyholder) / Date  Witnessed by Reporting Centre Personnel







































