

REF:

ASSIGNMENT

Vehicle: IN / OUT

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

Date / Time	Action / Instruction
	TP III
	mV :
	PV :
	Nett:

Others

Report Form:

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	17/08/2022 11:29 (SGT)
Reported by	Both
Date of Accident	17/08/2022 08:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLE (BKE) BEFORE BKE EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM7869D
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHAN HIANG HONG VICTOR
NRIC No	SXXXX050G
Email Address	vazzchan@singnet.com.sg
Mobile Phone No	(Phone) +65-96697885
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	SYLPHY 1.6 CVT ABS D/AIRBAG 2WD 4DR
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	1598

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5003879

DRIVER

Name of Driver	CHAN HIANG HONG VICTOR
NRIC No	SXXXX050G
Date Of Birth	10/05/1967
Occupation	Indoor

Date Of Driving Pass	02/05/1991
Driving experience	31 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96697885
Alt. Phone Number	-
Email Address	vazzchan@singnet.com.sg
Address	APT BLK 311C ANCHORVALE LANE #18-32 (S) 543311
Address complement	-
Postcode	-
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?	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
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?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER WITH ATTACH.

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	SLU2520A
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHAN HIANG HONG VICTOR
Gender	Male
Phone No	(Phone) +65-96697885
Address	APT BLK 311C ANCHORVALE LANE #18-32 (S) 543311
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLM7869D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.

[Handwritten Signature]

Policyholder's Signature / Date & Time

[Handwritten Signature]

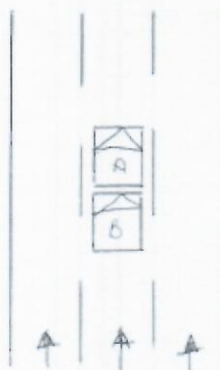
Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SLM7869D
Vehicle B: SLU2520A



Describe Circumstances of the Accident

Handwritten notes and sketches in the 'Describe Circumstances of the Accident' section:

- A large, stylized signature or set of initials, possibly 'Axx', written diagonally across the middle-right portion of the section.
- A smaller, wavy signature or set of initials, possibly 'ZM', written below the first one.
- A signature or set of initials, possibly 'De', written in the bottom-left corner of the section.

Declaration

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

Handwritten signature of the Policyholder.

Policyholder's Signature / Date & Time

Handwritten signature of the Driver and the date/time: 17/08/2022 10:15 am.

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

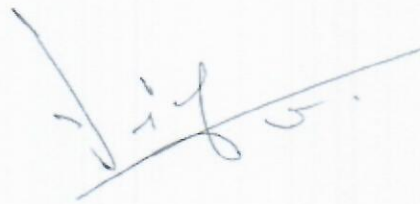


Witnessed by Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SLM7869D) WAS TRAVELLING STRAIGHT ON LANE 2 OF SLE(BKE) BEFORE BKE EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SLU2520A) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SLM7869D

VEHICLE B : SLU2520A

A handwritten signature in blue ink, appearing to read 'Sig S.', is written over a horizontal line.