

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 16/08/2022 18:51 (SGT)
Reported by Both
Date of Accident 14/08/2022 11:30 (SGT)
Exact Location of Accident Whampoa, Singapore
Additional Location Information T-JUNCTION BETWEEN WHAMPOA DRIVE & BALESTIER ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLZ3734S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN LIANG SHUN XAVIER
NRIC No SXXXXX295I
Email Address xavier_chan88@yahoo.com.sg
Mobile Phone No (Phone) +65-98423173
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Attrage
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 1193

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10538468R01

DRIVER

Name of Driver CHAN LIANG SHUN XAVIER
NRIC No SXXXXX295I
Date Of Birth 28/03/1988

Occupation	Indoor
Date Of Driving Pass	30/06/2008
Driving experience	14 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98423173
Alt. Phone Number	-
Email Address	xavier_chan88@yahoo.com.sg
Address	BLK 49 LORONG 5 TOA PAYOH
Address complement	#03-71
Postcode	310049
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 - Major/Minor Rd
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)	2
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	-

PASSENGER 1

Name	RILEY CHAN
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 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	GBB4931C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	ANG CHOR KEONG
NRIC No	SXXXX344D
Contact Number	(Phone) +65-96110024
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

Insurer: Budget

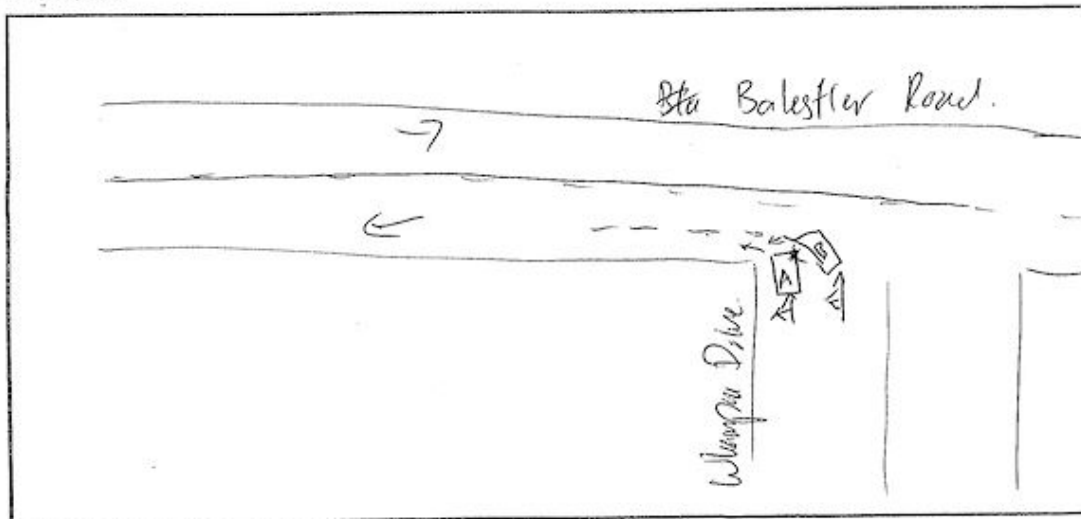
Direct

Vehicle: SLZ 3734S

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 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' 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.

Sketch Plan



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



Date of accident: 14/8/22 Time: 11:30am Location: T-Junction Between Whampoa drive and Bolestler Road.
 My Vehicle A: SLZ37845 Vehicle B: GBB 4931C Vehicle C: /

SKETCH PLAN

Describe Circumstances of the Accident.

left

I was ~~at~~ at the extreme left lane of Whampoa drive, turning into Bolestler Road. GBB 4931C is on my right also turning into Bolestler Road.

GBB 4931C did not turn to the 2nd lane of Bolestler Road but turned into my lane, resulting in my front right bumper damage.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

☒ Claim OR/TP at other workshop ☐ Reporting Only

We declare the foregoing particulars are true in every respect.

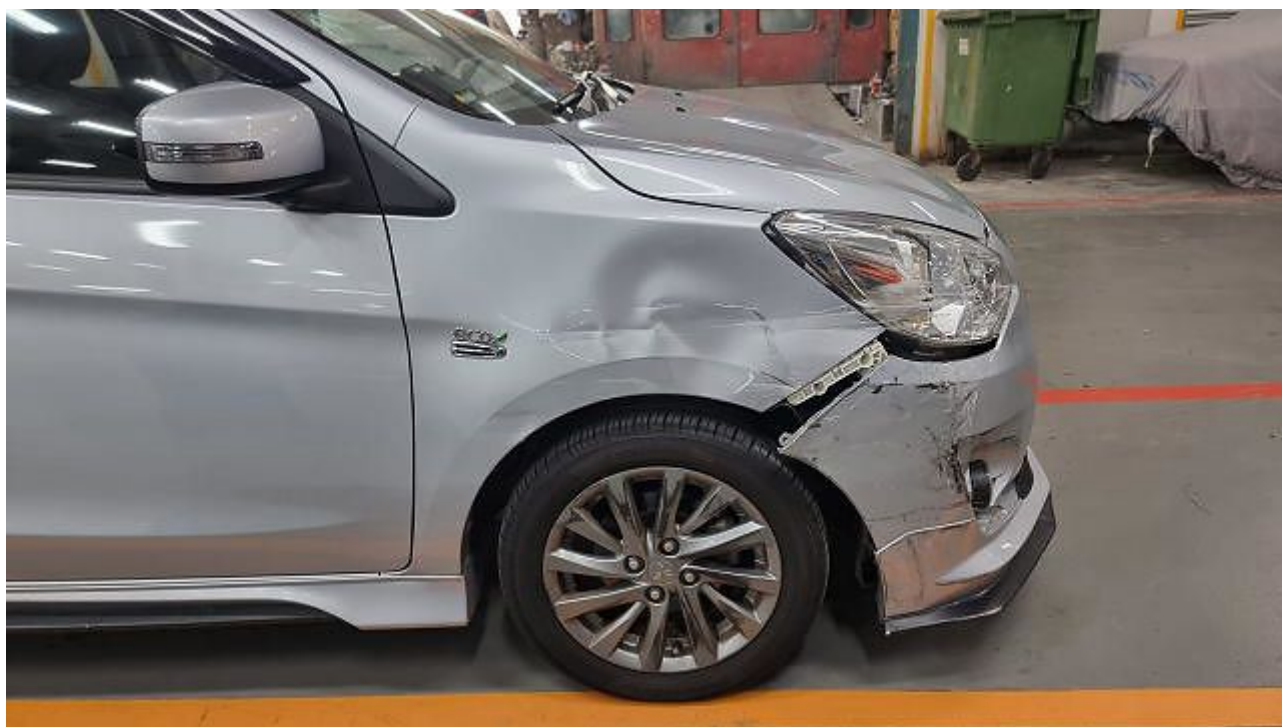

 Policyholder's Signature / Date & Time

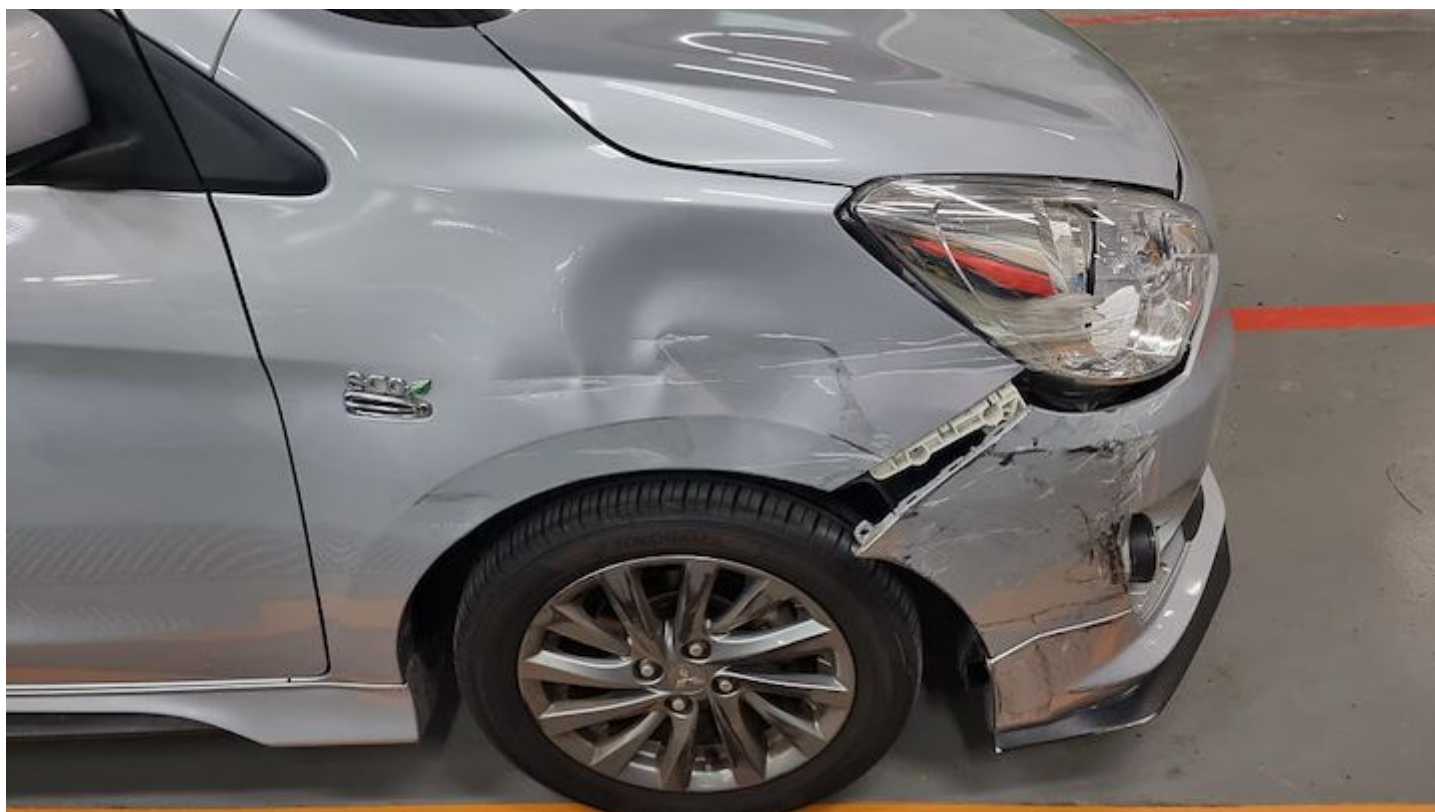
Driver's Signature (if driver is not the policyholder) / Date & Time


 Witnessed by Reporting Officer / Date & Time
 15/08/22


 ANIM MOTOR CO.
 ANIM MOTOR COMPANY

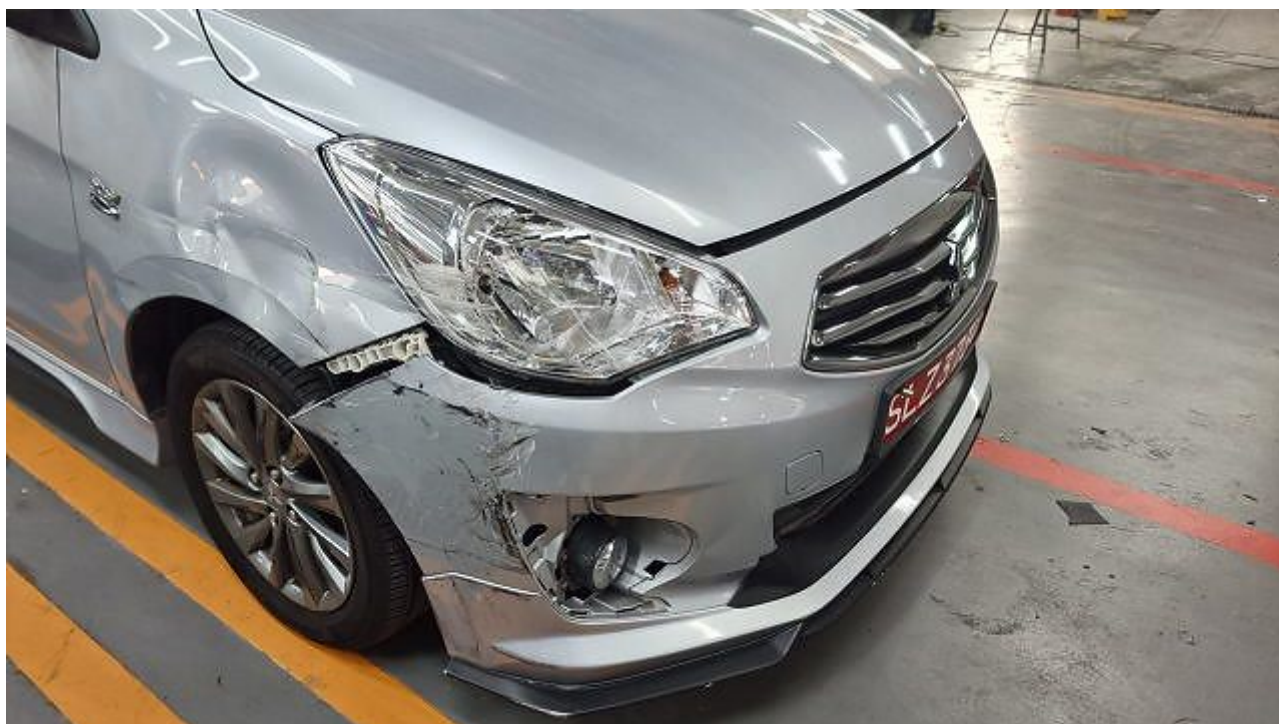
















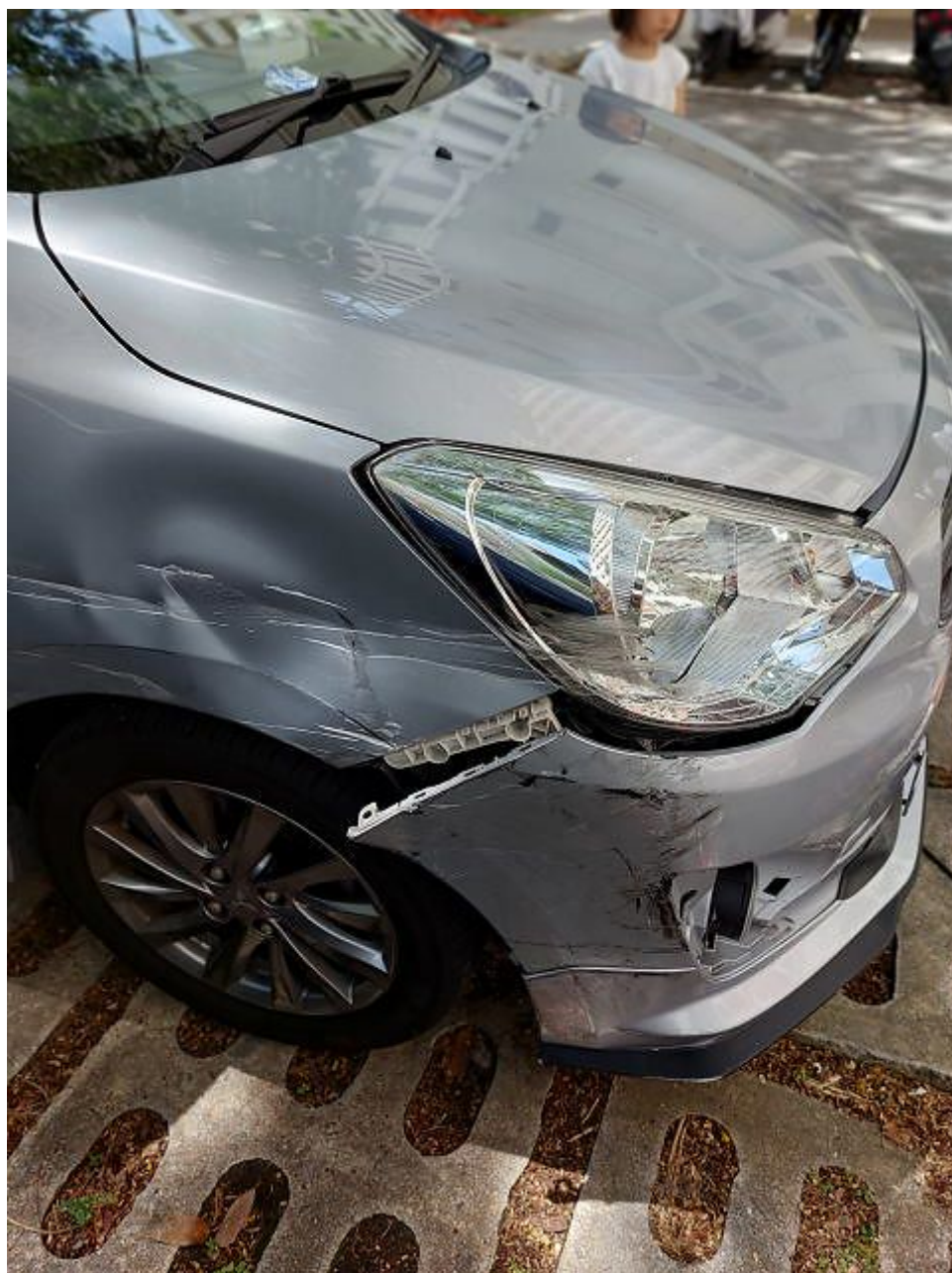


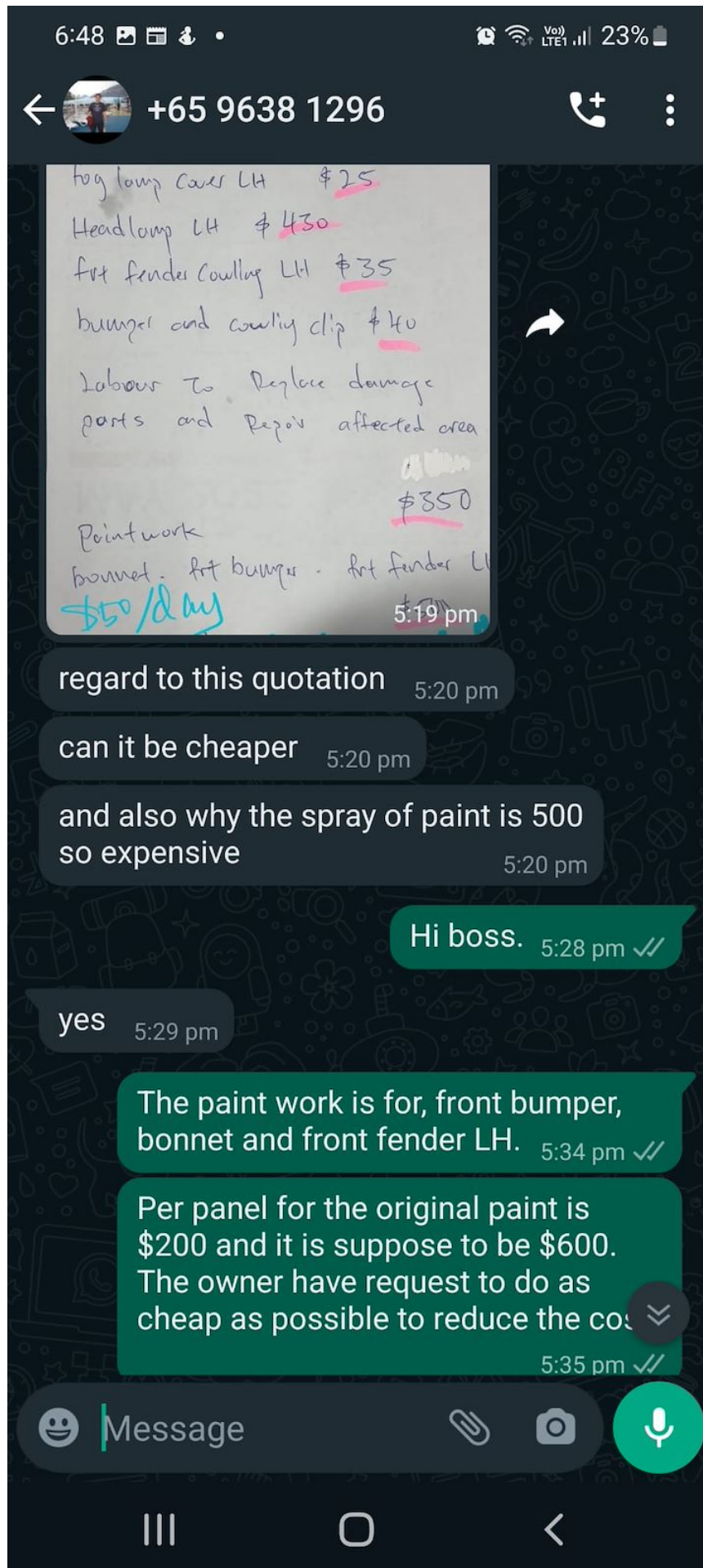


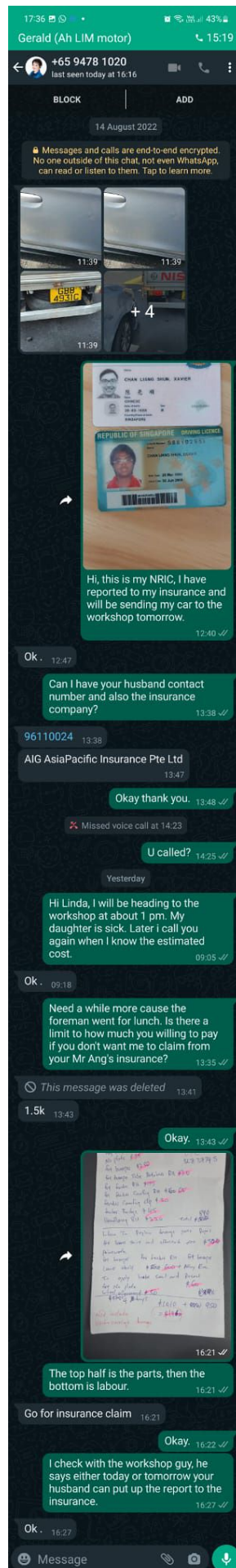


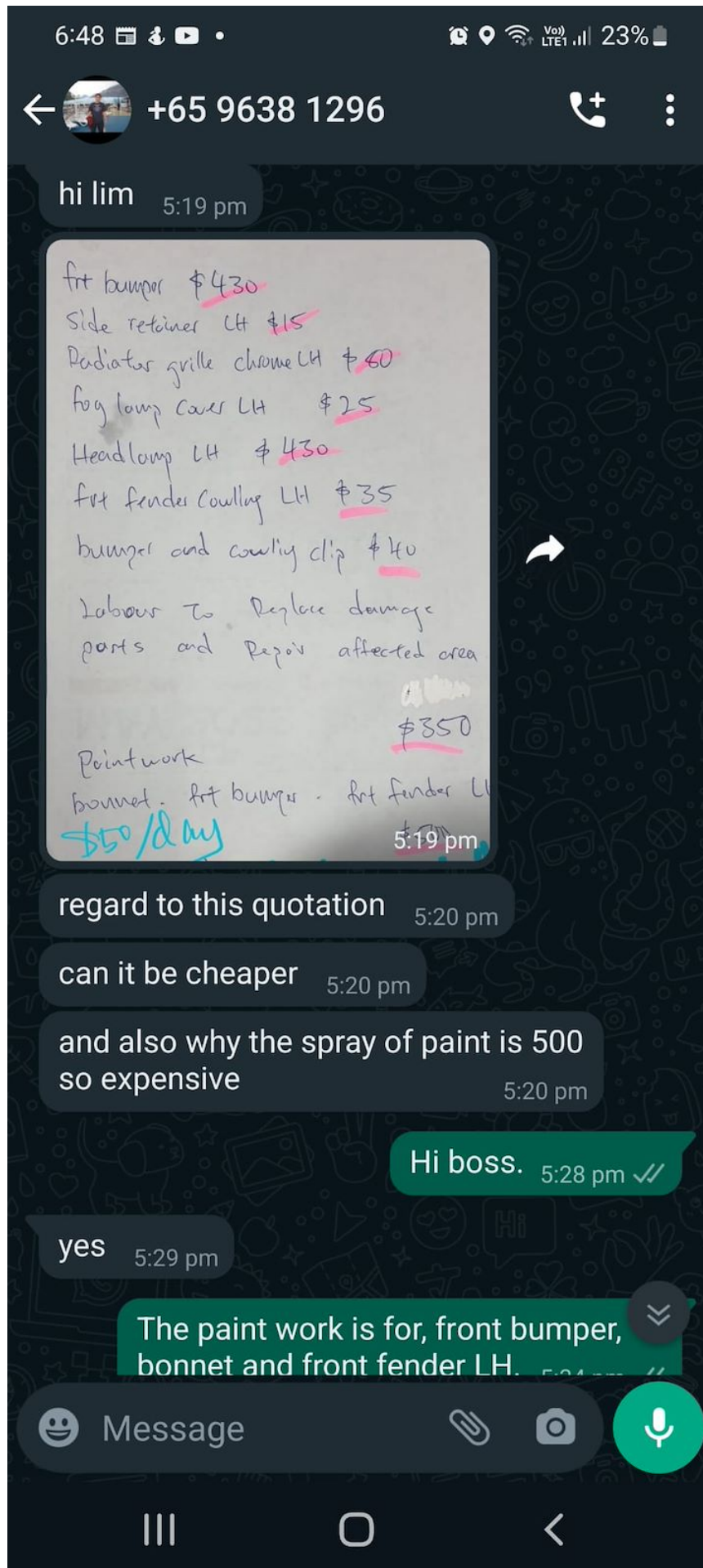














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SA1B228F0005 / Vehicle Registration No: SLZ3734S
 Name (as shown in NRIC): CHAN LIANG SHUN XAVIER NRIC/FIN/Passport No: S8810295I
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate /
 Address: BLK 49 LORONG 5 TOA PAYOH #03-71 Singapore (310049)
 Contact (Tel): _____ Mobile No.: 98423173
 Email Address: xavier_chan88@yahoo.com.sg
 Date of Accident: 14/08/2022 Time of Accident: 11:30
 Place of Accident: T-JUNCTION BETWEEN WHAMPOA DRIVE & BALESTIER ROAD
 Insurance Company: Auto & General Insurance (Singapore) Pte. Limited.

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

To amend the accident date 15/08/2022 to 14/08/2022.

OPERATOR

Policyholder / Driver's Signature
Date:



Reporting Centre Personnel's Signature
Name: 22/08/2022
NRIC/FIN No.:
Date: