

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	19/10/2022 16:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	28/08/2022 10:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TUAS CHECK POINT (2ND LINK)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ3588X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK TEE
NRIC No	S1185001D
Email Address	LAWRENCE.TAN@SMTSPL.COM
Mobile Phone No	(Phone) +65-98470367
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	E 250CGI
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1796

INSURANCE COMPANY

Name of Insurance Company	HSBC Life (Singapore) Pte. Ltd
Policy Number / Cover Note Number	GA4675668/1

DRIVER

Name of Driver	TAN HOCK TEE
NRIC No	S1185001D
Date Of Birth	08/01/1956
Occupation	Indoor

Date Of Driving Pass	06/05/1982
Driving experience	40 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98470367
Alt. Phone Number	-
Email Address	LAWRENCE.TAN@SMTSPL.COM
Address	50 BUKIT BATOK EAST AV 5 #01-03
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	Side Swipe
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)	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 TO SKETCH PLAN AND ATTACHED

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	SMP5087D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	NA / Unknown
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) -

SKETCH PLAN

VEHICLE NO: S2A 3588
DATE OF ACCIDENT: 28/8/22

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

I understand, acknowledge, agree and consent that :

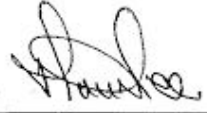
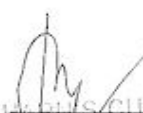
(a) MyInsurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

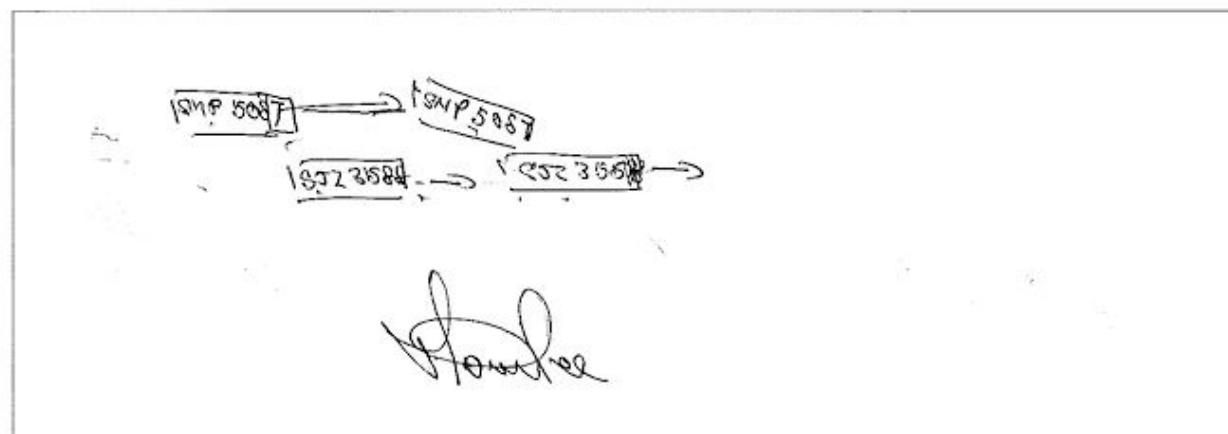
(collectively the "Purposes")

(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	<u>18/10/22</u> <u>3.10 PM</u> Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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Sketch Plan



SZA 3588 X

Accident Report

Nature: involving SZA 3588 Z and SMP 5087D

Location: Along Tuas Check Point

Date of accident: 25 August 2022

Time of Accident: About 10:00 hr

Accident Report Detail

On 25 August 2022 at about 10:00 hr, i was driving along my lane towards the Immigration booth at Tuas Check Point, and vehicle SMP 5087 D was on another lane on the left behind me. It tried to force me out of my lane from his lane on the left side of my car. And I move forward a little on my lane and stop,

It was then that I decided to drive off to take another counter lane on my right and stopping a short distance away. It was then that the driver approached and claimed that my car had touched the right side of his front wheel, which I wasn't even aware of it.

We parked after clearing Immigration exchange information.

Damage to SJZ3358Z : None

Damage to SMP 5087D: Slight scratch above the right side of front wheel (Refer to photo) No dent mark



Describe Circumstances of the Accident VEHICLE NO: 3ZA 3588 X DATE OF ACCIDENT:
25 August 2022.

Detail is as per attached.

Report purpose: for insurance clarification.

Reminder letter from LKK to report.

Ref NO CC4/ASMA22008264/Upa3/8211049126.

dated 13 Oct 2022.

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.

3.10pm
18/10/22

Policyholder's Signature / Date & Time

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

CHARN'S CUSTOMCRAFT

Witnessed by Reporting Centre Personnel

















