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 26/08/2022 11:08 (SGT) Reported by Date of Accident 25/08/2022 19:50 (SGT) Exact Location of Accident Jalan Bukit Merah, Singapore Additional Location Information JALAN BUKIT MERAH SINGAPORE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Honda

Vehicle Registration Number SJP9536J

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TEO CHEE YANG, RAYMOND NRIC No S8126207A Email Address TCYRAY@GMAIL.COM Mobile Phone No (Phone) +65-96737048 Alternative Phone No

VEHICLE PARTICULARS

Manufacturer

Model Freed Variant HONDA / FREED HYBRID 1.5G AUTO 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 Yes your vehicle? 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 P10489051R01

DRIVER

Name of Driver TEO CHEE YANG, RAYMOND NRIC No S8126207A Date Of Birth 19/08/1981 Occupation Indoor

Date Of Driving Pass 28/04/2016 Driving experience 6 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96737048 Alt. Phone Number Email Address TCYRAY@GMAIL.COM Address BLK 110 GERALD DRIVE #03-57 Address complement Postcode 799036 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 - Change/cross lane Weather Conditions Raining Road Surface Wet 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 ATTACHED STATEMENT RECORDED BY ANNIE - PROGRESSIVE CAR CARE PTE LTD TEL 67415336 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 GBI 1544D Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour

Commercial vehicle

Vehicle Category

Name of Driver	KONG XIANG JIN (JIANG XIANGJIN)
NRIC No	S8319481B
Contact Number	(Phone) +65-83133556
Address	-
Address complement Postcode	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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")

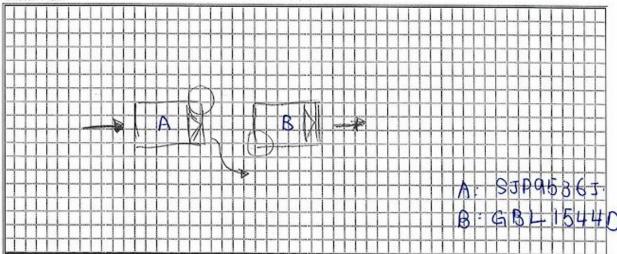
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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

26/8/2012

Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel (Name as in NRICID card)

Sketch Plan



1

escribe Circumstance of the Accident
25-08-2072
Driving along Jalan Bokit Meah, just crossed traffic junction near Blust Merah flower. Intended to chanse lave (right), van was informt and had braked, left bumper hit van's rear fender. Wasn't able to have in time. Discussed who van driver, as the vehicle infort had also e-brake.

Declaration

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

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurence. Kindly check with your insurer for more details.

26/8/202

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)

2







