

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 12/10/2022 16:00 (SGT)
Reported by Both
Date of Accident 11/10/2022 18:15 (SGT)
Exact Location of Accident BKE, Singapore
Additional Location Information BKE TWDS CTE BEFORE WOODLANDS AVE 12
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLD8712M

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOUIS LOKE SHEN CHEH
NRIC No S7810666B
Email Address YONGYIHUIJING@GMAIL.COM
Mobile Phone No (Phone) +65-98296160
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Nissan
Model X-trail
Variant X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
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 1997

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10590005R01

DRIVER

Name of Driver LOUIS LOKE SHEN CHEH
NRIC No S7810666B
Date Of Birth 13/04/1978
Occupation Indoor

Date Of Driving Pass	14/04/2000
Driving experience	22 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98296160
Alt. Phone Number	-
Email Address	YONGYIHUIJING@GMAIL.COM
Address	439 ANG MO KIO AVE 10
Address complement	#18-1317
Postcode	560439
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	3
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

PLS REFER TO THE SKETCH PLAN BY DRIVER

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	SJW1027C
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR4590A
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)	-

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.


Policyholder's Signature / Date & Time


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


Zila Ah Lim Motor Company
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan


VEHICLE A ⇒ SLV 8712M		BKE TOWARDS CTE BEFORE WOODLAND AVE 12 LANE 01
VEHICLE B ⇒ SJW 1027C		
VEHICLE C ⇒ SLR 4590A		


Describe Circumstance of the Accident

ON THE STATED DATE AND TIME, I VEHICLE A (SLD 8712M) WAS TRAVELLING ON LANE ONE. THE CAR IN FRONT OF ME (SLR 4590 A) BRAKED AND STOP. AND I FOLLOWED SUIT. SUDDENLY I FELT A HUGE IMPACT COMING FROM MY REAR AND PUSHED ME FORWARD AND BANG! THE VEHICLE IN FRONT OF ME (SLR 4590 A) I ALIGHTED AND CHECKED AND REALIZED VEHICLE B (SJN 1027C) HAD COLLIDED ONTO MY REAR PORTION OF MY CAR ~~AND~~ CAUSING DAMAGES.

Declaration

I/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 Centre Personnel
(Name as in NRIC/ID card)