

# 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 .....	12/09/2022 17:05 (SGT)
Reported by .....	Both
Date of Accident .....	10/09/2022 13:45 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JUNCTION OF YISHUN AVENUE 9
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMQ8902B
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	VITHYA SHARMINI D/O SUPRAMANIAM
NRIC No .....	S8820583I
Email Address .....	VITHYASHARMINI@GMAIL.COM
Mobile Phone No .....	(Phone) +65-92761544
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	216i
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 .....	1499

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P1066699R00

### DRIVER

Name of Driver .....	VITHYA SHARMINI D/O SUPRAMANIAM
NRIC No .....	S8820583I
Date Of Birth .....	03/06/1988
Occupation .....	Indoor

Date Of Driving Pass .....	01/11/2010
Driving experience .....	11 YEARS AND 10 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-92761544
Alt. Phone Number .....	-
Email Address .....	VITHYASHARMINI@GMAIL.COM
Address .....	15 CANBERRA DRIVE, #12-31
Address complement .....	-
Postcode .....	768073
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? .....	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

#### 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 .....	SHA2398P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	TAI CHEE LEONG
NRIC No .....	S2537456H

Contact Number ..... (Phone) +65-97408193  
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: SMQ 8902B  
DATE OF ACCIDENT: 10/9/2022

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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.

[Signature] / 12/9/22  
Policyholder's Signature / Date & Time  
1:35 PM

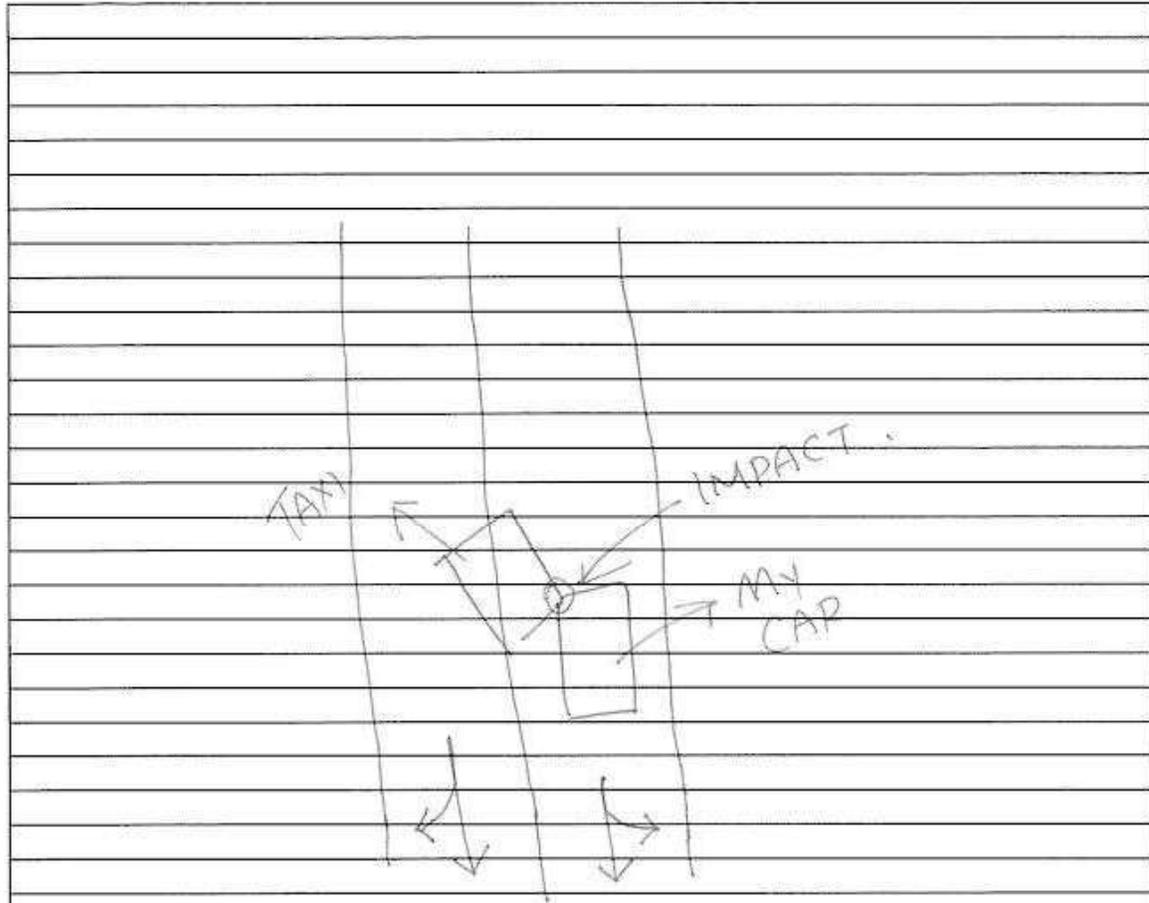
\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]  
WITNESSED BY REPORTING CENTRE PERSONNEL  
CHARIN'S CUSTOMCRAFT

**Sketch Plan**



Describe Circumstances of the Accident VEHICLE NO: SMD 8902B DATE OF ACCIDENT: 10/9/2022



On 10/9/22 at 1.45pm, I was waiting for the bus in front of me at the traffic junction of Yishun Ave 9 to turn left so that I can proceed straight. A taxi behind me was changing lane and hit the right side of the back of my car.

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.

[Signature] 12/9/22  
 Policyholder's Signature / Date & Time  
1.35pm

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

[Signature]  
 CHARN'S CUSTOMCRAFT  
 Witnessed by Reporting Centre Personnel