

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 14/01/2023 15:02 (SGT)
Reported by Both
Date of Accident 13/01/2023 19:32 (SGT)
Exact Location of Accident Near 10 Temasek Ave, Singapore 039194
Additional Location Information ALONG ROCHOR ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJX3974A

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner SITI AHSHIDA BINTE RAZALI
NRIC No S8704991D
Email Address AHSHIDARAZALI@GMAIL.COM
Mobile Phone No (Phone) +65-97760087
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Volkswagen
Model Scirocco
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1400

INSURANCE COMPANY

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number P10830653R00

DRIVER

Name of Driver OMAR BIN NOORDIN
NRIC No S8509794F
Date Of Birth 15/04/1985
Occupation Indoor

Date Of Driving Pass	13/07/2007
Driving experience	15 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81254960
Alt. Phone Number	-
Email Address	OTOROZUSHI@GMAIL.COM
Address	BLK 310B PUNGGOL WALK #03-538
Address complement	-
Postcode	822310
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	WIFE
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?	Yes
Reasons for not uploading a video of the accident	File size too big to upload, please request if need

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC7708R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 PLANIMPORTANT NOTICE

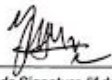
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow 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 Traffic Police Department for investigation.**
6. 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.
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:

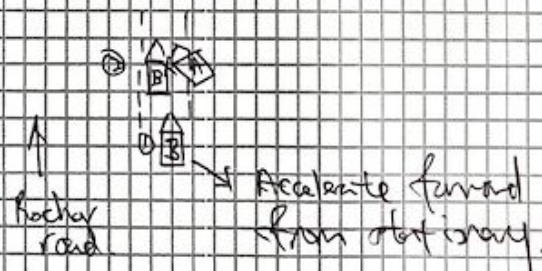
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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


 Policyholder's Signature / Date & Time
 9.3 Jan
 14/1/23
 Sketch Plan


 Driver's Signature (if driver is not the policyholder) / Date & Time
 9.3 Jan
 14/1/23

 Ng Keng Guan
 Witnessed by Reporting Centre Personnel
 (Name as in NRIC/ID card)

A - SJ X3974A
 B - PC 7708R

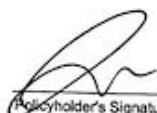


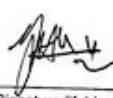
Describe Circumstance of the Accident

I was driving down from sheares bridge and there was an ongoing traffic jam. I initiated a lane change by signalling left. I did not immediately enter the lane as I wasn't certain if the van driver would give way. Upon confirming that said van driver stopped and I was certain he would give me opportunity to enter, I started going into the lane. Once about halfway, from the side mirror from stationary position, the van driver accelerated forward hitting my left side mirror. I was stationary during the collision as the traffic jam (car in front) prevented me from going forward to avoid the accident. Upon impact, both me and van driver went out to see damage and I asked van driver if he was injured, he said no. We exchanged particulars and he said he had to leave to make a police report immediately. Upon advice from insurance company, we drove the car a short distance to the Kowloon it was a long road.

Declaration

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


Policyholder's Signature / Date & Time
6-30am
14/1/23


Driver's Signature (if driver is not the policyholder) / Date & Time
6-30am
14/1/23.

 Ng Keng Guan
Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)













