

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	14/02/2023 16:45 (SGT)
Reported by	Actual Driver
Date of Accident	13/01/2023 18:02 (SGT)
Exact Location of Accident	Keppel Viaduct, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNA944E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG KHENG WAH
Passport No/FIN	S1817804D
Email Address	zavelang@gmail.com
Mobile Phone No	(Phone) +60-122212711
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	CX-30 2.0 AT LUXURY
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Policy Number / Cover Note Number	D22MPC0004591

DRIVER

Name of Driver	ANG ZHENG XUAN
NRIC No	T0025558G
Date Of Birth	01/07/2000
Occupation	Outdoor

Date Of Driving Pass	27/10/2020
Driving experience	2 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-85889854
Alt. Phone Number	-
Email Address	zavelang@gmail.com
Address	APT BLK 277B COMPASSVALE LINK #10-268 SINGAPORE
Address complement	-
Postcode	542277
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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)	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	PASSENGER
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 ATTACHED STATEMENT

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	SNG441H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-98270962
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

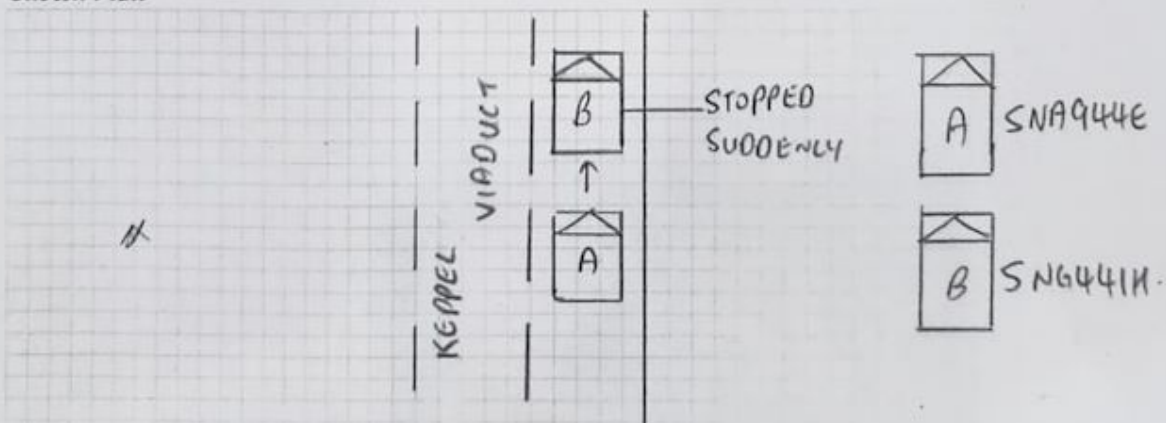
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date & Time

 14/02/2023 1.14pm
Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to attached statement.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

14/02/2023 1:14 pm
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

On 13.01.2023 @ 1802 hrs, I was driving my car SNA944E with one female passenger along Keppel Viaduct. While travelling, front car SNG441H stopped suddenly and immediately I applied brake yet my car collided to the rear of SNG441H.

After the accident, we alighted from our vehicles to check on damages and exchanged phone numbers. Driver of SNG441H then claimed he will not lodge accident report for claim purpose. No one was injured in this accident. However, on 13.02.2023 I was informed by my insurance and was advised to lodge a report for this accident as SNG441H made a claim against my car SNA944E.















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SP16232E0002 Vehicle Registration No: SNA944E
 Name (as shown in NRIC): ANG ZHENG XUAN NRIC/FIN/Passport No: T0025558G
 (*Vehicle Driver/~~Vehicle Owner~~) (*) Please delete as appropriate
 Address: APT BLK 277B COMPASSVALE LINK #10-268 Singapore (542277)
 Contact (Tel): - Mobile No.: 8588 9854
 Email Address: -
 Date of Accident: 13/01/2023 Time of Accident: 18:02 HRS
 Place of Accident: KEPPEL VIADUCT
 Insurance Company: INDIA INTERNATIONAL INSURANCE PTE LTD

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

AMEND OWNER'S PHONE NUMBER AND EMAIL AND DRIVER'S EMAIL

F. A
 Policyholder / Driver's Signature
 Date:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: