

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	09/02/2023 11:17 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	09/02/2023 08:57 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	CTE ENTRANCE BEFORE OUTRAM TUNNEL
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX6837G
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG JONG SIANG
NRIC No	S7607555G
Email Address	JEREME.WONG@GMAIL.COM
Mobile Phone No	(Phone) +65-93622576
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mazda
Model	5
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1998

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number	P10114023R04

DRIVER

Name of Driver	WONG JONG SIANG
NRIC No	S7607555G
Date Of Birth	20/03/1976
Occupation	Indoor

Date Of Driving Pass	19/01/1994
Driving experience	29 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-93622576
Alt. Phone Number	-
Email Address	JEREME.WONG@GMAIL.COM
Address	11 MOUNT FABER ROAD #08-17
Address complement	-
Postcode	099209
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	GBL639X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	NG SAY HAN
NRIC No	S7901692F

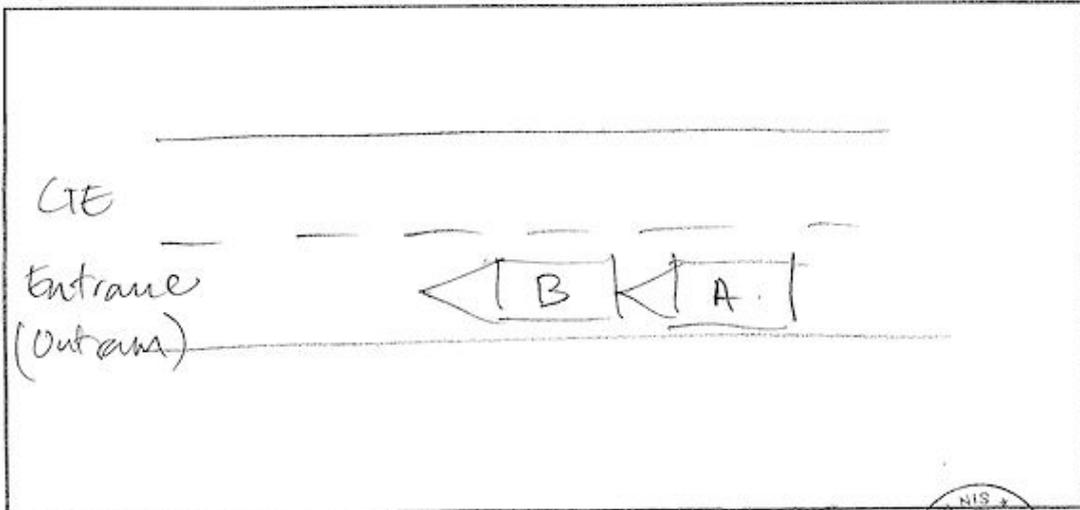
Contact Number (Phone) +65-87514199
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

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.

Sketch Plan



[Signature]
 Policyholder's Signature / Date & Time

9/2/23

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

8:57am (Time of accident)

[Signature] 09/02/2023
 Witnessed by Reporting Centre Personnel



ANHEIMOTOR COMPANY

Date of accident: 9/2/23 Time: 8:54am Location: CTE entrance to Outram
My Vehicle A: SKX 6837G Vehicle B: GBC 639X Vehicle C: _____

SKETCH PLAN

Describe Circumstances of the Accident.

Was travelling en-route to work via CTE.
At the entrance of the CTE Outram tunnel,
vehicle B suddenly jam-braked and I was
not able to brake in time. Rear-ended my vehicle
into the third party's vehicle.

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

We declare the foregoing particulars are true in every respect.

Goene
Policyholder's Signature / Date & Time

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

09/02/2023
Witnessed by Reporting Centre Personnel



AH LIM MOTOR COMPANY

































It pays to choose

**Budget
Direct**
insurance

Policy Schedule

Comprehensive Car Policy
Policy Number: P10114023R04

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number : P10114023R04 Policy Issued On : 15/11/2022
Policy Start Date : 22/12/2022 (00:00) Policy End Date : 21/12/2023 (23:59)

Cover

Type of Cover : Comprehensive / Named Driver Plan
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

Policy : S\$ 600.00

Additional Excess (All excess amounts are subject to GST, if applicable)

Windscreen : S\$ 100.00
Named Driver below 25 years old : S\$ 500.00
Named Driver with less than 2 years' valid driving licence : S\$ 500.00

Premiums

Gross Premium : S\$ 654.52
Prevailing GST : S\$ 45.83
Total Premium Payable : S\$ 700.35

Policyholder

Name : Wong Jong Siang
Address : 11 MOUNT FABER ROAD #08-17 Singapore 099209
Email Address : jereme.wong@gmail.com
Mobile Number : 93622576

Main Driver

Name : Wong Jong Siang
Date of Birth : 20/03/1976
Gender / Marital Status : Male / Married
Occupation : Professional
Certificate of Merit : Yes
Licence Held For : More than 5 years

Vehicle Insured

Vehicle Registration Number : SKX6837G
Chassis Number : JM6CW1071G0123006
Make & Model : Mazda 5 2.0
Vehicle Colour : Brown
Year of First Registration : 2015
Sum Insured : Market Value
Off-Peak Car : No
NCD : 50%
Vehicle Usage : Private and Occasional Business
Modifications Declared : Yes, Solar Film

Driver Plan

Named Driver Plan. Only drivers named as a Main / Named Driver in the policy will be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

Driver(s)	Date of Birth	Licence Held For
Tan Soh Yan	16/02/1981	More than 5 years