

# 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 .....	02/03/2023 12:02 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	01/03/2023 07:30 (SGT)
Exact Location of Accident .....	Laguna Flyover, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLR1208A
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NAH CHER SU JOSHUA
NRIC No .....	S7517301F
Email Address .....	CSNAH@SINGNET.COM.SG
Mobile Phone No .....	(Phone) +65-96602042
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	Freed
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 .....	1500

### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10603595R01

### DRIVER

Name of Driver .....	NAH CHER SU JOSHUA
NRIC No .....	S7517301F
Date Of Birth .....	16/06/1975
Occupation .....	Indoor

Date Of Driving Pass .....	26/09/2001
Driving experience .....	21 YEARS AND 6 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96602042
Alt. Phone Number .....	-
Email Address .....	CSNAH@SINGNET.COM.SG
Address .....	BLK 181 BEDOK NORTH ROAD #20-26
Address complement .....	-
Postcode .....	460181
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 .....	Raining
Road Surface .....	Wet

#### 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 .....	CORINA LING
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

FRONT VEHICLES BRAKE AND STOP. I BRAKE AND MANAGED TO STOP IN TIME WHEN SUDDENLY, VEHICLE B COLLIDED INTO MY VEHICLE REAR PORTION.

#### 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 .....	GBL7363U
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 ..... VEHICLE B  
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

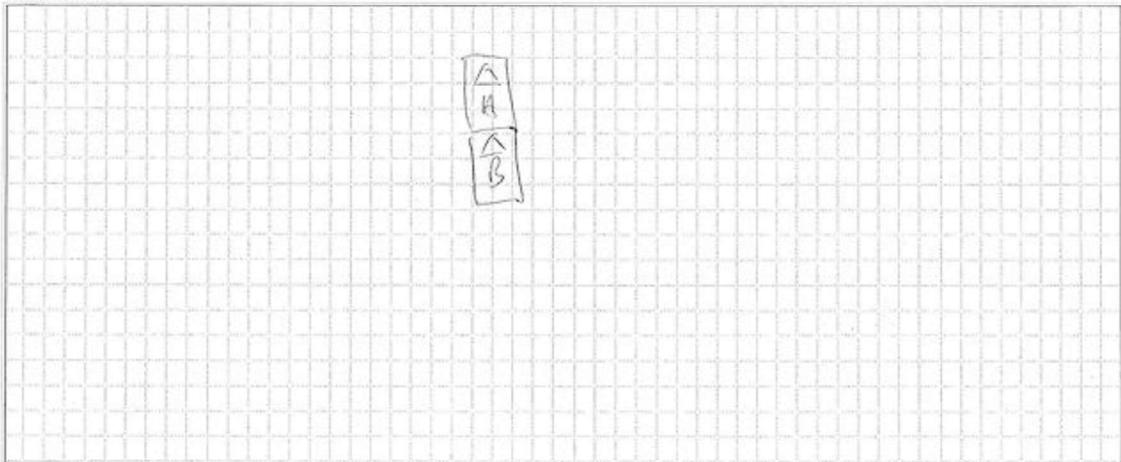
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

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

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

**Sketch Plan**



Describe Circumstance of the Accident

Front vehicle brake and stop, I brake ~~too~~ and managed to  
step in time when suddenly vehicle B collided into my  
vehicle's rear portion.

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)

















It pays to choose



## Policy Schedule

Comprehensive Car Policy  
Policy Number: P10603595R01

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 : P10603595R01 Policy Issued On : 22/07/2022  
Policy Start Date : 31/07/2022 (00:00) Policy End Date : 30/07/2023 (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\$ 675.10  
7% GST : S\$ 47.26  
Total Premium Payable : S\$ 722.36

### Policyholder

Name : NAH CHER SU JOSHUA  
Address : 181 BEDOK NORTH ROAD #20-26 Singapore 460181  
Email Address : csnah@singnet.com.sg  
Mobile Number : 96602042

### Main Driver

Name : Nah Cher Su Joshua  
Date of Birth : 16/06/1975  
Gender / Marital Status : Male / Married  
Occupation : Professional  
Certificate of Merit : Yes  
Licence Held For : More than 5 years

### Vehicle Insured

Vehicle Registration Number : SLR1208A  
Chassis Number : -  
Make & Model : Honda Freed Hybrid 1.5  
Vehicle Colour : Blue  
Year of First Registration : 2017  
Sum Insured : Market Value  
Off-Peak Car : No  
NCD : 50%  
Vehicle Usage : Private and Commuting  
Modifications Declared : None

### 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)

<u>Driver(s)</u>	<u>Date of Birth</u>	<u>Licence Held For</u>
Ling Jiok	18/03/1982	More than 5 years