



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	22/02/2023 10:10 (SGT)
Reported by	Driver
Date of Accident	21/02/2023 08:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG UPPER SERANGOON RD TOWARDS POTONG PASIR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SC97E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG BOCK SENG
NRIC No	S1630393C
Email Address	JOENNAANG@HOTMAIL.COM
Mobile Phone No	(Phone) +65-96749877
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	640i
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?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	VA0117895

DRIVER

Name of Driver	JOENNA ANG SOH LIN
NRIC No	S1637693J
Date Of Birth	05/08/1964
Occupation	Indoor



Date Of Driving Pass	19/06/1991
Driving experience	31 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96466464
Alt. Phone Number	-
Email Address	JOENNAANG@HOTMAIL.COM
Address	409 SERANGOON CENTRAL #09-315 S.550409
Address complement	-
Postcode	-
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	Collision - Change/cross lane
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	SHAUN NG JIN XIANG
Gender	Male

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 ATTACHED

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 TO LARGE

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE914C
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAN PRAVEEN KUMAR
Contact Number	(Phone) +65-81382853
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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- 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.
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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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in the 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 purposes) of
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any other duty or obligation 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 request by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, report or notices to me, which could involve disclosure of certain personal data about me to third parties about delivery of the claim as well as on the external cover of envelopes and package(s), and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claim (collectively the "Purposes");
- (b) all of insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may be 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 used outside of Singapore for one or more of the above Purposes.

[Signature]

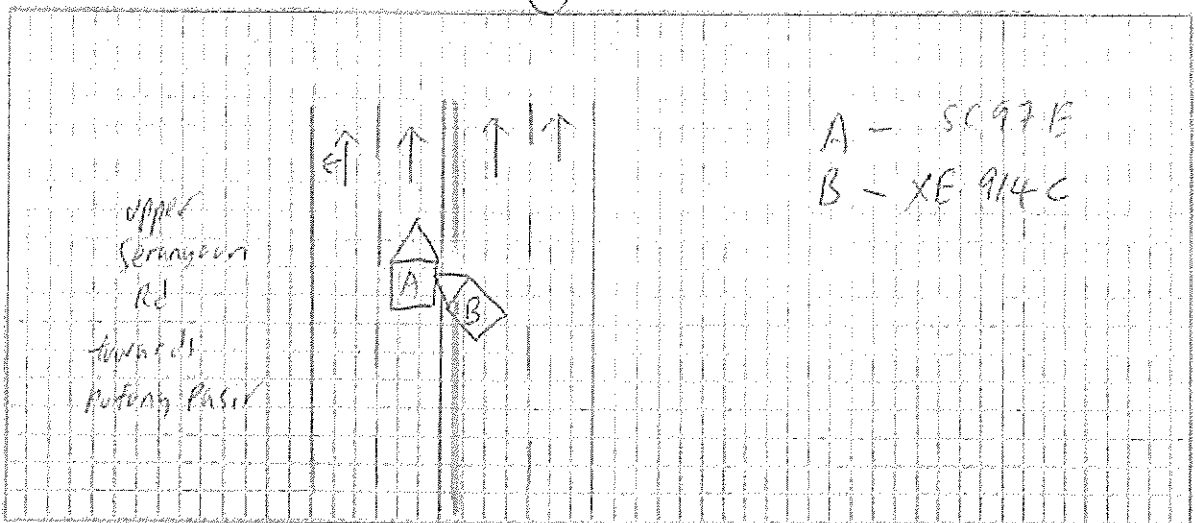
Policyholder's Signature Date & Time

[Signature]
Driver's Signature (if different from the Policyholder) (Date & Time)



Delivered to Records Centre Personnel
(Name as in EPIC ID card)

Sketch Plan



Describe Circumstance of the Accident

On the stated date and time, I was travelling straight along Upper Serangoon Rd on the third lane from the extreme right lane. While driving, I felt a great impact from the rear right side of my vehicle SC 9715. It was vehicle XE 914C change lane abruptly from the right lane which was double white lines, caused the collision and damages to the rear right hand portion of my vehicle SC 9715, my rear rim and undercarriage were damaged as well.

Declaration

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

[Signature]
21/02/23 x
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as in NRICAD (a))