

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	24/03/2023 20:20 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	24/03/2023 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	JUNCTION LORONG 7 AND TOA PAYOH EAST
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU4964B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHUA CHIN TECK LEONIDAS
NRIC No	S1459143E
Email Address	Smoothoperator0512@gmail.com
Mobile Phone No	(Phone) +65-94562268
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X3
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	2996

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11122571

DRIVER

Name of Driver	CHUA CHIN TECK LEONIDAS
NRIC No	S1459143E
Date Of Birth	05/12/1961
Occupation	Indoor

Date Of Driving Pass	27/06/1983
Driving experience	39 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94562268
Alt. Phone Number	-
Email Address	Smoothoperator0512@gmail.com
Address	20, LORONG 7, TOA PAYOH
Address complement	#09-732
Postcode	S310020
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 - 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)	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

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE RIGHT, A LANE MEANT FOR GOING STRAIGHT AND TURN RIGHT. AS I WAS ABOUT TO MAKE A RIGHT TURN, SUDDENLY VEHICLE B, , WHICH WAS TRAVELLING ON THE EXTREME RIGHT LANE, MEANT FOR TURNING RIGHT ONLY, PROCEEDED STRAIGHT AND COLLIDED WITH MY VEHICLE , AS I WAS MAKING A RIGHT TURN. NO ONE WAS INJURED. AS THE ROAD WAS CONGESTED DUE TO THIS ACCIDENT I HAD TO MOVE MY VEHICLE FEW METERS AWAYS TO EXCHANGE PARTICULARS WITH THE DRIVER OF VEHICLE B. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SLQ8264X
Vehicle Manufacturer	Mazda
Vehicle Model	3
Vehicle Variant	-

Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	IRENE SIAH BOON EAY
Contact Number	(Phone) +65-91063575
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN**IMPORTANT NOTICE**

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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

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

Witnessed By Reporting Officer
Hashim Bin Kamari
Witnessed by Reporting Centre
Personnel

Sketch Plan

REFER TO ATTACHED ACCIDENT DIAGRAM

Describe Circumstances of the Accident

ON THE DATE AND TIME MENTIONED, I WAS DRIVING ALONG THE SAID MENTIONED ROAD ON THE SECOND LANE FROM THE RIGHT, A LANE MEANT FOR GOING STRAIGHT AND TURN RIGHT. AS I WAS ABOUT TO MAKE A RIGHT TURN, SUDDENLY VEHICLE B, WHICH WAS TRAVELLING ON THE EXTREME RIGHT LANE, MEANT FOR TURNING RIGHT ONLY, PROCEEDED STRAIGHT AND COLLIDED WITH MY VEHICLE. AS I WAS MAKING A RIGHT TURN, NO ONE WAS INJURED. AS THE ROAD WAS CONGESTED DUE TO THIS ACCIDENT I HAD TO MOVE MY VEHICLE FEW METERS AWAYS TO EXCHANGE PARTICULARS WITH THE DRIVER OF VEHICLE B. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

Declaration

We declare the foregoing particulars are true in every respect.



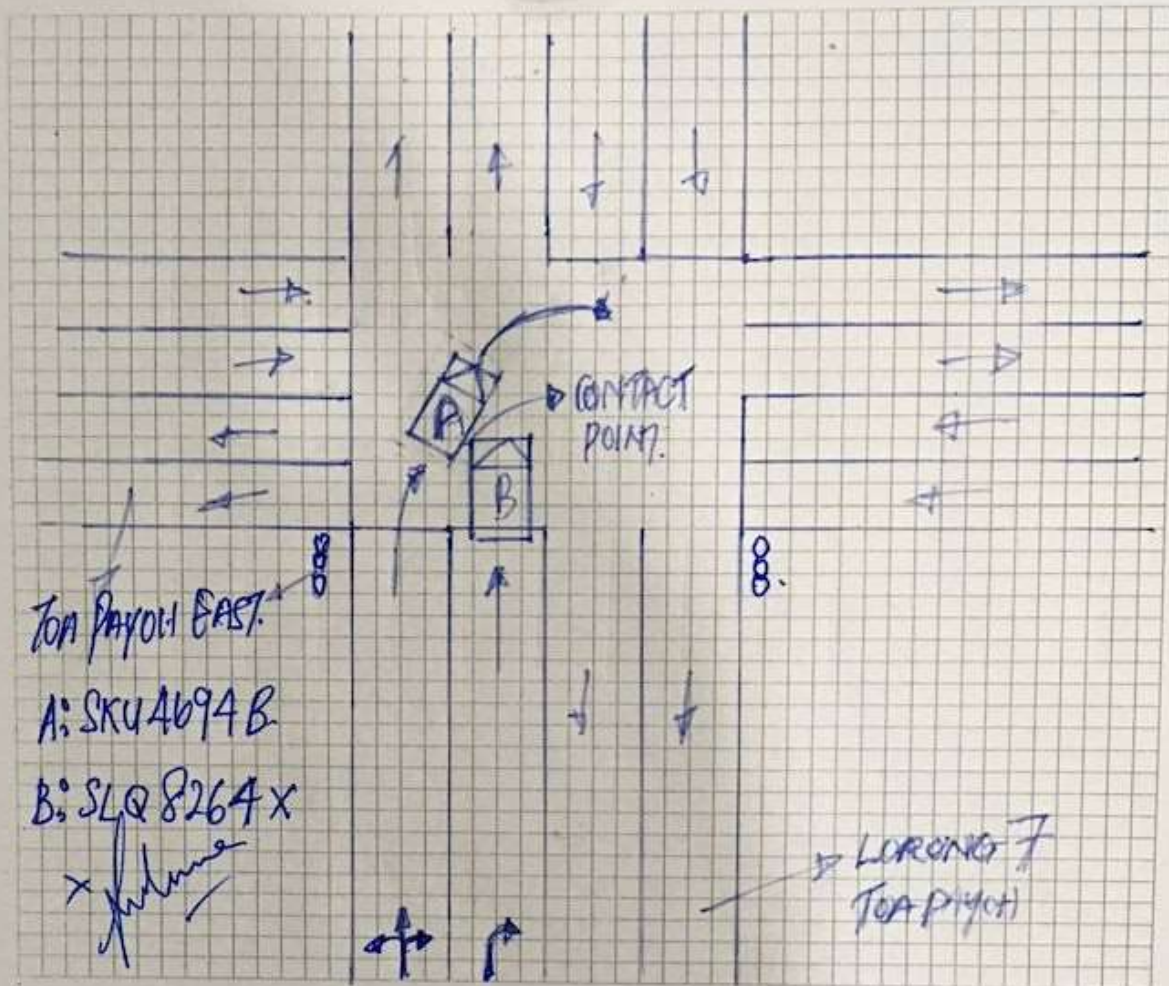
Policyholder's Signature / Date &
Time

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

Witnessed By Reporting Officer
Hashim Bin Kamari

Witnessed by Reporting Centre
Personnel

ACCIDENT DIAGRAM



[Signature]
 Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 HASHIM BIN KAMARI

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















