

## 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 .....	26/04/2023 12:27 (SGT)
Reported by .....	Both Policyholder and Actual Driver
Date of Accident .....	26/04/2023 07:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	ALONG CTE TOWARDS CITY
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SMN9141P
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	ANG ANN SHENG JUSTUS
NRIC No .....	S8137398A
Email Address .....	JUSTUSANG@GMAIL.COM
Mobile Phone No .....	(Phone) +65-90703533
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	BMW
Model .....	X1
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1600

#### INSURANCE COMPANY

Name of Insurance Company .....	Auto & General Insurance (Singapore) Pte. Limited.
Policy Number / Cover Note Number .....	P10526203R02

#### DRIVER

Name of Driver .....	ANG ANN SHENG JUSTUS
NRIC No .....	S8137398A
Date Of Birth .....	18/11/1981
Occupation .....	Indoor

Date Of Driving Pass .....	18/06/2001
Driving experience .....	21 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90703533
Alt. Phone Number .....	-
Email Address .....	JUSTUSANG@GMAIL.COM
Address .....	336B ANCHORVALE CRES #14-34
Address complement .....	-
Postcode .....	542336
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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SKW5746Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	KENNETH
Contact Number .....	(Phone) +65-98428188

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.
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:

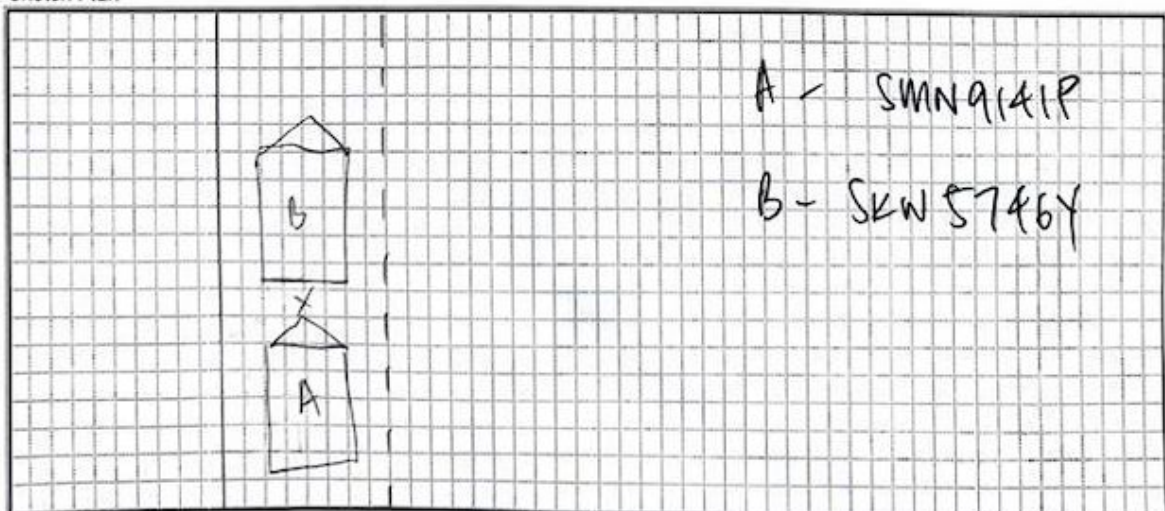
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

A 26/04/23 1136  
Policyholder's Signature / Date & Time

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

ali  
MOHAMED RAZALI BIN HASSAN  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

## Sketch Plan



## Describe Circumstance of the Accident

DOA: 26/4/23

TIME: 0730 HRS

LOCATION: ALONG CTE TOWARDS CITY

On 26<sup>th</sup> April 2023, I was driving along CTE towards the city. There was a jam ~~and~~ on CTE and I was at the leftmost lane. The vehicle in front of me had ~~brake~~ a hard brake but I did not ~~manage~~ manage to brake in time.

## Declaration

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

  
26/04/23 1136  
Policyholder's Signature / Date & Time

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

  
MOHAMED RAZALI BIN HASSAN

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



















































**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

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

## ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SA1T234Q0004 Vehicle Registration No: SMN9141P

Name(as shown in NRIC) : ANG ANN SHENG JUSTUS NRIC/FIN/Passport No : SXXXX398A

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : 336B ANCHORVALE CRES #14-34 Singapore( 542336 )

Contact (Tel) : NA Mobile No. : 90703533

Email Address : JUSTUSANG@GMAIL.COM

Date of Accident : 26/04/2023 Time of Accident : 0730 HRS

Place of Accident : ALONG CTE TOWARDS CITY

Insurance Company : Auto & General Insurance (Singapore) Pte. Limited.

(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:

- [illegible]

ANG ANN SHENG JUSTUS

Policyholder / Driver's Signature  
Date: 27/4/2023

Ali

Reporting Centre Personnel's Signature  
Name: RAZALI  
NRIC/FIN No.: SXXXX952H  
Date: 27/4/2023