

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	17/03/2023 17:12 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/03/2023 20:34 (SGT)
Exact Location of Accident	Upper Serangoon Rd, Singapore
Additional Location Information	BEFORE WOODLEIGH CLOSE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4557X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM ZI XUAN
NRIC No	S9839465F
Email Address	LZXLEO24@GMAIL.COM
Mobile Phone No	(Phone) +65-81385857
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER
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	Motorcycle
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	Etiga Insurance Pte Ltd
Policy Number / Cover Note Number	AN3204841

DRIVER

Name of Driver	LIM ZI XIANG
NRIC No	S9115708Z
Date Of Birth	02/05/1991
Occupation	Indoor

Date Of Driving Pass	04/04/2013
Driving experience	9 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90082927
Alt. Phone Number	-
Email Address	ZIXIANGLIM@GMAIL.COM
Address	834 HOUGANG CENTRAL #06-580
Address complement	-
Postcode	530834
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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	LIM YU XUAN
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

I FILTERED TOWARDS THE RIGHT OUT OF THE BUS LANE BUT VEHICLE B WAS SQUEEZING THROUGH AND THE FRONT OF HIS VEHICLE COLLIDED ONTO THE REAR RIGHT OF MINE AND CAUSED ME TO SWERVE.

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	SNA9686R
Vehicle Manufacturer	-
Vehicle Model	-

Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHIA WENG JIM
Contact Number	(Phone) +65-96532037
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM YU XUAN
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes


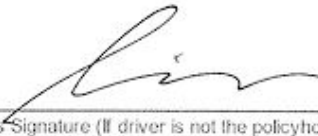
INJURED 2

Name of injured person	LIM ZI XIANG
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ4557X
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

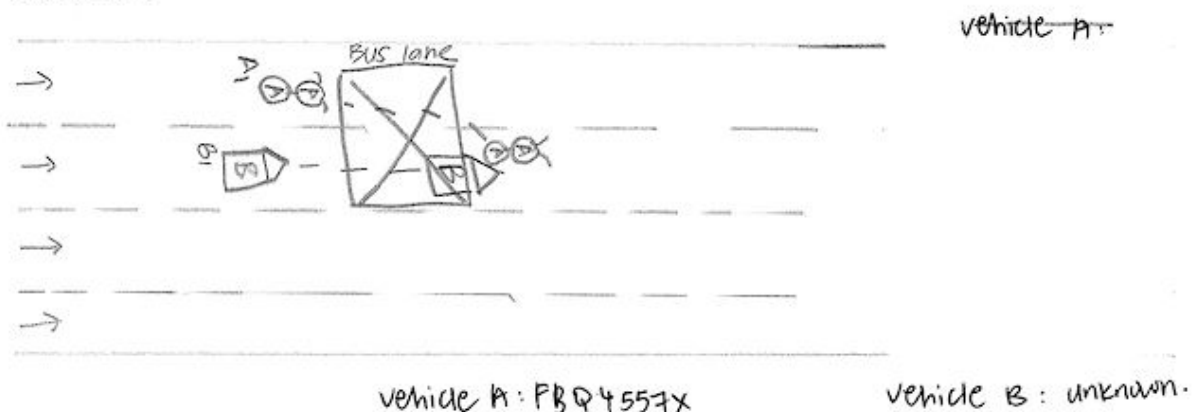
SKETCH PLAN

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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.

 2:50pm 17/03/23	 2:50pm 17/03/23	Witnessed by Reporting Centre Personnel
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not the policyholder) / Date & Time	

Sketch Plan




Describe Circumstances of the Accident

I filtered towards the right out of the bus lane but vehicle B was squeezing through and the front of his vehicle collided onto the rear right of mine and caused me ^{to}swerve.

Declaration

We declare the foregoing particulars are true in every respect.

 2:50pm
17/03/23
Policyholder's Signature / Date & Time

 2:50pm
17/03/23
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre
Personnel