# **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 witholding 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.

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   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 03/07/2023 16:27 (SGT) Reported by Both Policyholder and Actual Driver Date of Accident 01/07/2023 16:45 (SGT) Exact Location of Accident Telok Blangah Rd, Singapore Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Honda

Vehicle Registration Number SLJ248H

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **GAN ENG HUI EDDIE** NRIC No SXXXX972E Email Address nonbuaya@hotmail.com Mobile Phone No (Phone) +65-97730078 Alternative Phone No

# VEHICLE PARTICULARS

Manufacturer

Model Hr-v 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 No - Claiming third party your vehicle? Vehicle Category Private car Transmission Auto CC 1496

## **INSURANCE COMPANY**

Name of Insurance Company Auto & General Insurance (Singapore) Pte. Limited. Policy Number / Cover Note Number P10110835R04

#### DRIVER

Name of Driver **GAN ENG HUI EDDIE** NRIC No SXXXX972E Date Of Birth 05/04/1979 Occupation Indoor

Date Of Driving Pass 16/04/2003 Driving experience 20 YEARS AND 3 MONTHS Gender Mobile Number (Phone) +65-97730078 Alt. Phone Number Email Address nonbuaya@hotmail.com Address BLK 417 CHOA CHU KANG AVE 4 #10-382 Address complement Postcode 680417 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 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) 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? Nο Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT ON 01/07/2023 @ 1645HRS. I WAS DRIVING STRAIGHT ALONG TELOK BLANGAH RD TWDS THE DIRECTION OF VIVOCITY. THE GREY AUDĪ (SLV8014A) WAS IN THE LANE TO THE LEFT OF MY CAR AND IT SUDDENLY SWERVED RIGHT. I ONLY REALIZED MY CAR (SLJ248H) WAS HIT AFTER I HAVE DROVE PAST. I IMMEDIATELY STOPPED MY CAR. THERE WAS NO INJURY TO EITHER DRIVER. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SLV8014A

Private car

# CAccident report SS2Z23730005

Vehicle Colour

Vehicle Registration Number

Vehicle Manufacturer
Vehicle Model
Vehicle Variant

Vehicle Category

Name of Driver	WEE GI MUI
NRIC No	SXXXX232E
Contact Number	(Phone) +65-90225198
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	_

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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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.

- 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.
- 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:

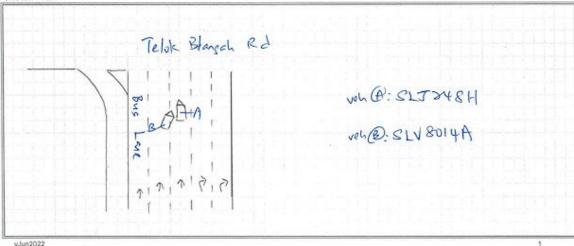
- (ii) investigating the accident and/or my claims;
- (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
- (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of 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

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

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

Sketch Plan



200723733

On 01/07/2022 @ 1645 hrs.	
L was driving straight about the direction of Vivocity - was in the lane to the last last last last last last last last	f. I say realised my
	Claim own policy Claim third party Claim OD / TP at other workshop For record purpose Policy No. P1010835 ROY Insurer Backet (C) veh.No. SLIDY84

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

SNG AH TEE MOTOR & PANEL SVC PTE LTD

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

2









