

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	11/07/2023 15:40 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/07/2023 17:00 (SGT)
Exact Location of Accident	AYE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	ES2228M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NG TEK YONG
NRIC No	SXXXX662C
Email Address	ntywilliam@gmail.com
Mobile Phone No	(Phone) +65-96164567
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	LandRover
Model	Range rover
Variant	SPORT 3.0D TSS 7S
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	2993

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01173811

DRIVER

Name of Driver	NG TEK YONG
NRIC No	SXXXX662C
Date Of Birth	16/01/1964
Occupation	Indoor

Date Of Driving Pass	18/01/1983
Driving experience	40 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96164567
Alt. Phone Number	-
Email Address	ntywilliam@gmail.com
Address	24A JUBILEE ROAD
Address complement	-
Postcode	128564
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	Hit by fallen tree / Other objects
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 10/07/2023 @ ABT 1700HRS. I WAS DRIVING ALONG AYE TWDS CLEMENTI ON THE LEFT MOST LANE. AT THAT POINT OF TIME, THERE IS A PRIME MOVER (XE4921E) ENGAGE WITH A LOADED (CONCRETE BLOCK) TRAILER WAS TRAVEL ALONG 3RD LANE. WHILE DRIVING, SUDDENLY A CONCRETE PIECE WHICH FROM THE SAID LORRY DROPPED TO LEFT & KNOCKED ONTO MY VEHICLE AT FRONT RIGHT PORTION. I THEN HONK THE DRIVER TO ASK HIM TO STOP. THE DRIVER CAME DOWN FROM HIS VEHICLE & WE THEN EXCHANGE OUR PARTICULARS. NO ONE WAS INJURED IN THIS ACCIDENT. I AM LODGING THIS REPORT FOR INSURANCE CLAIM PURPOSE. THAT'S ALL.

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	XE4921E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MOHAMMED RIDZUAN BIN KASMON
NRIC No	SXXXXX885B
Contact Number	-
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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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

AYE tuds Clementi near lamp post 431

veh A: ES2228M

veh B: XE4921E

vJun2022

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Describe Circumstance of the Accident		
<p>On 10/07/2023 @ abt 1700 hrs. I was driving ^{along} A/E tuds Clementi on the left most lane. At that point of time, there is a prime mover (XE4921E) engage with a loaded (concrete block) trailer was travel along 3rd lane. While driving, suddenly concrete piece which from the said lorry dropped to left & knocked onto my vehicle at front right portion. I then hawk the driver to ask him to stop. The driver came down from his vehicle & we then exchange our particulars. No one was injured in this accident. I am lodging this report for insurance claim purpose. That's all.</p>		
<div style="float: right; border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> Claim own policy <input type="checkbox"/> Claim third party <input type="checkbox"/> Claim OD / TP at other workshop <input type="checkbox"/> For record purpose Policy No. <u>MT/01173811</u> Insurer <u>Direct Asia (C)</u> Veh. No. <u>ES 2228M</u> </div>		
<p><small>I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT MY OWN DAMAGE CLAIM UNDER MY POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</small></p>		
<p>Declaration I/We declare the foregoing particulars are true in every respect.</p>		
<p>_____ Policyholder's Signature / Date & Time</p>	<p>_____ Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p style="text-align: center;"><u>Jane</u> SNG AH TEE MOTOR & PANEL SVC PTE LTD Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card)</p>





























