

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 First Submission	19/08/2024 11:37 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	17/08/2024 15:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS ON JALAN EUNOS FLYOVER
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMQ9229E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG MENG HOCK
NRIC No	S1632921E
Email Address	patrick.9229@hotmail.com
Mobile Phone No	(Phone) +65-98220028
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4 1.4 TFSI S TRONIC
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?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1395
Vehicle Fuel	Petrol
First Registration Date	24/02/2016
Chassis no	WAUZZZF4XGA012721
Effective Date/Time of Ownership	22/06/2021 02:06 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5122598962-02

DRIVER

Name of Driver	ONG MENG HOCK
NRIC No	S1632921E
Date Of Birth	25/06/1964
Occupation	Indoor
Driving Pass Date	26/03/1982
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	42 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98220028
Alt. Phone Number	-
Email Address	patrick.9229@hotmail.com
Address	BLK 76 BEDOK NORTH ROAD 13-178 SINGAPORE 460076
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	5
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	PASSENGER
Gender	Male

PASSENGER 2

Name	PASSENGER
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

REFER WITH ATTACHED.

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 SMG7816B
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver GOH BOON HWA
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) 2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX1531J
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLU589R
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Private car
 Name of Driver -
 Contact Number -
 Address -
 Address complement -
 Postcode -
 Insurance Company Name -
 Nature Of Damage -
 Details of property damaged in accident -
 No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SKQ583P
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -

Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS


INJURED 1


Name of injured person	ONG MENG HOCK
Gender	Male
Phone No	(Phone) +65-98220028
Address	BLK 76 BEDOK NORTH ROAD 13-178 SINGAPORE 460076
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMQ9229E
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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 Centre Personnel

Sketch Plan

Sketch Plan grid showing vehicle positions and directions. The grid is labeled with 'RUE towards road' at the top and 'SIN CHIN ALLEY' on the right side. Vehicles are listed in the center:

- Vehicle A: SMG 9229 E
- Vehicle B: SMG 7816 B
- Vehicle C: SLX 1531 J
- Vehicle D: SLX 529 A
- Vehicle E: SKA 523 P

On the right side of the grid, there is a vertical column of boxes labeled A, B, C, D, E, corresponding to the vehicles. Arrows at the bottom indicate directions.


Describe Circumstances of the Accident

As of above date & time, I was driving my vehicle (SMQ9229E) along PIE towards Tuas on the right lane of a 3 lane expressway. On Jln Tunas Flyover, vehicle C (SLX1531J) which was in front of my vehicle suddenly braked. I followed accordingly. Out of a sudden, vehicle B (SMG7816B) collided into the rear portion of my vehicle. Due to the impact, my vehicle surged forward & collided into the rear portion of vehicle C. I alighted & discovered I was involved in a 5 car chain collision involving vehicle D (SLU589R) & vehicle E (SKQ 583P).

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 Centre Personnel

19/8/24 (a) 10/10 9 AM