

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	23/08/2024 13:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	23/08/2024 07:30 (SGT)
Exact Location of Accident	Pasir Ris Industrial Drive 1, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMT6686Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KHOO CHUN LENG
NRIC No	S2614392F
Email Address	TERENCE.KHOO@OUTLOOK.COM
Mobile Phone No	(Phone) +65-90080303
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Peugeot
Model	Rcz
Variant	1.6 TURBO AUTO
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	1598
Vehicle Fuel	-
First Registration Date	08/11/2011
Chassis no	VF34J5FVABP013923
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT/01104881/01

DRIVER

Name of Driver	KHOO CHUN LENG
NRIC No	S2614392F
Date Of Birth	24/07/1966
Occupation	Indoor
Driving Pass Date	21/10/1999
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90080303
Alt. Phone Number	-
Email Address	TERENCE.KHOO@OUTLOOK.COM
Address	BLK 632A PUNGGOL DRIVE #13-653
Address complement	-
Postcode	821632
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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	TANG LI SHIN
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

AS PER SKETCH PLAN

ON 23/08/2024 AT ABOUT 0730HRS, THE WEATHER CONDITION IS CLEAR, ROAD SURFACE IS DRY AND TRAFFIC CONDITION IS CONGESTED, PASIR RIS INDUSTRIAL DRIVE 1 IS 3 LANE ROAD. I WAS TRAVELLING ALONG EXTREME RIGHT LANE OF PASIR RIS INDUSTRIAL DRIVE 1. I WAS SLOW DOWN AND STOP DUE TO TRAFFIC CONGESTION AND TRAFFIC LIGHT IS RED. WHILE MY CAR IS STATIONARY, SUDDENLY I FELT A GREAT IMPACT FROM MY CAR REAR PORTION. I COME OUT FROM MY CAR AND REALISED VAN B (GBF3403X) BEHIND UNABLE TO STOP IN TIME AND COLLIDED INTO MY CAR REAR PORTION.

I FELT SOME PAIN OVER MY NECK AND MY BACK, MIGHT CONSULT DOCTOR LATER ON.

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 GBF3403X
 Vehicle Manufacturer -
 Vehicle Model -
 Vehicle Variant -
 Vehicle Colour -
 Vehicle Category Commercial vehicle
 Name of Driver ANG BEE YEN
 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 KHOO CHUN LENG
 Gender Male
 Phone No (Phone) +65-90080303
 Address -
 Address Complement -
 Post Code -
 Approximate Age Years Old -
 Injuries Sustained -
 Injured person in which vehicle? SMT6686Y
 Were seat belts worn? -
 Was this injured conveyed to hospital by ambulance? -

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

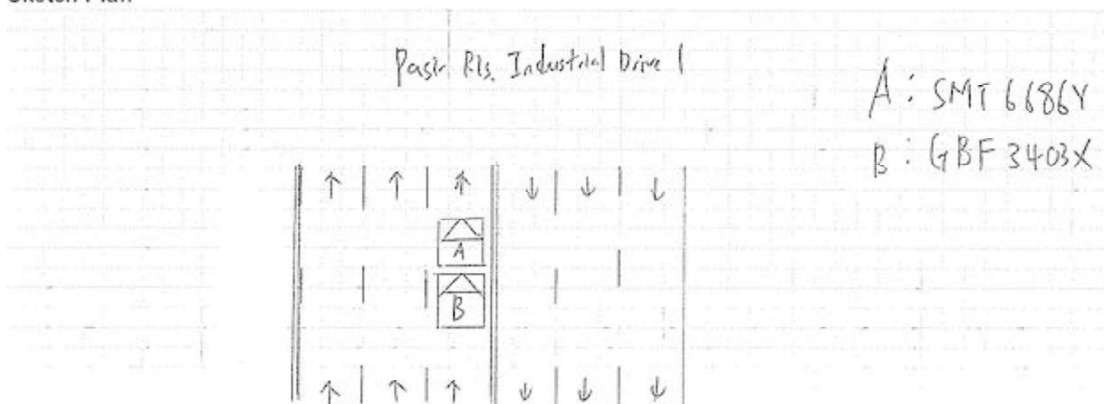


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 23/8/2024 at about 0730 hours, the weather condition is clear, road surface is dry and traffic condition is congestion, Pasir Ris Industrial Drive 1 is 3 lane Road, I was travelling along extreme right lane of Pasir Ris Industrial Drive 1, I was slow down and stop due to traffic congestion and traffic light is red. While my car is stationary, Suddenly I felt an great impact from my car rear portion. I came out from my car and realise Van 8 (4BF 3403X) behind unable to stop in time and collided into my car rear portion.


I felt some pain over my neck and my back, might consult doctor later on.

<input type="checkbox"/> Claim own policy	
<input type="checkbox"/> Claim third party	
<input checked="" type="checkbox"/> Claim CD (not at other workshop)	Technic Autolab
<input type="checkbox"/> For record purpose only	
Policy No	MT/D1104881/01
Insurer	Direct Asia
Witness	SMT 61864

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