

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	29/08/2024 12:01 (SGT)
Reported by	Owner
Date of Accident	29/08/2024 08:32 (SGT)
Exact Location of Accident	Junction 10, Singapore
Additional Location Information	CHOA CHU KANG ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNB9982E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG LAY PENG
NRIC No	SXXXX015F
Email Address	LAYPENGONG12@GMAIL.COM
Mobile Phone No	(Phone) +65-96999577
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	Private car
Transmission	Auto
CC	1598
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V5007999

DRIVER

Name of Driver	ONG LAY PENG
NRIC No	SXXXX015F
Date Of Birth	21/06/1991
Occupation	Indoor
Driving Pass Date	31/01/2012
Driving License Pass Class	3A
Driving License Validity	Valid
Driving experience	12 YEARS AND 7 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96999577
Alt. Phone Number	-
Email Address	LAYPENGONG12@GMAIL.COM
Address	BLK 101 WOODLANDS VIEW 02-03 SINGAPORE 737708
Address complement	-
Postcode	737708
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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	3
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

SENDING MY DAUGHTER TO SCHOOL ALONG CHOA CHU KANG ROAD WAITING FOR MY TURN TO U -TURN,CAR BEHIND STOPPED.HOWEVER, A FEW MOMENT LATER, HEARD A LOUD BANG SOUND.CAR BEHIND ME HIT MY CAR,WENT DOWN REALISED THAT ITS A CHAIN COLLISION WHERE THE 3RD CAR BEHIND BANG ONTO THE 2ND CAR WAS PUSHED FORWARD AND HIT MY CAR

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG9152U
Vehicle Manufacturer	Volkswagen
Vehicle Model	Golf
Vehicle Variant	-
Vehicle Colour	Red
Vehicle Category	Private car
Name of Driver	LIM REN JIE LEON
NRIC No	SXXXX268I
Contact Number	(Phone) +65-82998542
Address	-
Address complement	2E HONG SAN WALK #04-08
Postcode	689051
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDW7717B
Vehicle Manufacturer	Honda
Vehicle Model	Accord
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MUHAMMAD RAIMI BIN ISHAK
NRIC No	SXXXX304C
Contact Number	(Phone) +65-84252940
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

WITNESS DETAILS

WITNESS 1

Name	LEON
Phone	(Phone) +65-82998542
Email	-

WITNESS 2

Name	MUHAMMAD RAIMI
Phone	(Phone) +65-84252940
Email	-

PCV Accident Report (For Reporting only)



☐ Braddell ☐ Sin Ming ☐ Sg. Kadut ☐ Pandan ☐ Loyang ☐ Ubi

Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 29/8/2024, 8:32am	Time: 8:32am
Date & Time of Reporting	Date: 29/8/2024, 10:12am	Time: 10:12am
Place of Accident	Choa Chu Kang Road (Waiting for U-turn)	
Vehicle Reg. No.:	SMB9982E	Make / Model: HYUNDAI AVANIS C. 1.598
Purpose of Use at Time of Accident: Goods transportation / <u>private usage</u> / others: Sending daughter to school		
Name:	Ong Lay Peng	NRIC / FIN No. S9122015F
Address:	Blk 101 Woodlands View #02-03	
Postcode:	737708	Date Of Birth: 21/06/1991
Home:		Handphone: 96999577
Email:	laypengong12@gmail.com	Gender: Male / Female
Occupation:	Management / Sales / Retiree / Housewife / Technical / Education / Others: HR	
Type of Claims:	Third Party / Own Damage / Reporting Only	Licence Pass Date:
Driver Status:	Owner / Non-owner	Years of Driving Experience: 12
		31 JAN 2012

If you are not the owner, the owner's name & tel:	Scene Photos: <u>Y/N</u>
Owner's Address:	Video: <u>Y/N</u>
Contact No.:	No. of Pass: 1
Relationship with Owner:	Owner's NRIC / Company Reg. No.:

Vehicle Towed In?	Yes <u>No</u>	My Insurance Company:	CREAT EASTERN
Police Reported?	Yes <u>No</u>	Police Report Reference No.:	NA
Company's Vehicle?	Yes <u>No</u>	Insurance Policy No.:	V5007999
Do you have witness?	Yes <u>No</u>	Type of Policy: Comprehensive / Third Party Fire & Theft / Third Party Only	

(If Yes, Witness Name & Contact No.: Leon (82998542), Raimi (829984252940))

Weather Condition:	Clear <u>Cloudy</u> / Light Rains / Heavy Rains	Was anyone injured in the accident?	Yes <u>No</u>
Road Condition:	Dry <u>Wet</u>	Was Notice of Intended Prosecution given?	Yes <u>No</u>
Other vehicle or property damage?	Yes <u>No</u>		

Describe How Accident Happened: Please use **SKETCH PLAN** for accident description & sketch of accident scene

Third Party's Details (Use Annex 2 for Chain Collision as attachment)			
Vehicle Make / Model:	VOLKSWAGEN GOLF / HONDA ACCORD	Vehicle Reg. No.:	8MC9153U / 3DW 7717B
Name of Driver:		NRIC No.:	
Insurance Company:		Handphone:	

Driver's Declaration: I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature:		Date:	29/8/2024
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SKETCH PLAN**IMPORTANT NOTICE**

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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

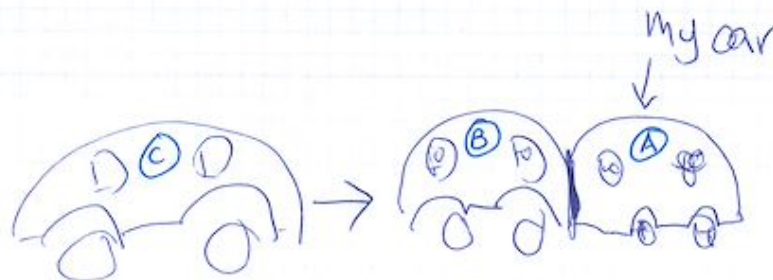
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

 29/8/24 10:12AM

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

 29/8/24 10:12AM

Witnessed by Reporting Centre Personnel

 29/8/24 10:11-10AM

Sketch Plan

① 3NB 9982F
 ② 8MG 91524
 ③ 8DW 7717B

Describe Circumstances of the Accident

- Sending my daughter to school along Choa Chu Kang Road waiting for my turn to U turn.
- Car ~~behind~~ behind me stopped.
- However, a few moment later, heard a loud bang sound.
- Car behind me hit my car.
- Went down realized that it's a chain collision where the 2nd car behind bang onto 2nd car, 2nd car was pushed forward and hit my car.

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time
 29/08/24 10:12AM


 Driver's Signature (If driver is not the policyholder) / Date & Time
 29/8/24 10:12AM


 Witnessed by Reporting Centre Personnel
 29/8/24 11:10AM









































