

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	07/10/2024 10:23 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	05/10/2024 13:42 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE > CHANGI BEFORE JALAN BAHAGIA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNJ712K
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	PRISCILLA PHILEON CHUA CHAI PING
NRIC No	SXXXX241H
Email Address	PTAXOL@SINGNET.COM.SG
Mobile Phone No	(Phone) +65-96458677
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	CAMRY ASCENT SPORT 2.5 HYBRID CVT
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 car
Transmission	Auto
CC	2487
Vehicle Fuel	Petrol-Electric
First Registration Date	30/03/2021
Chassis no	JTNB23HK003076032
Effective Date/Time of Ownership	17/08/2022 07:08 (SGT)

INSURANCE COMPANY

Name of Insurance Company	Etika Insurance Pte Ltd
Policy Number / Cover Note Number	MA027735

DRIVER

Name of Driver	PRISCILLA PHILEON CHUA CHAI PING
NRIC No	SXXXX241H
Date Of Birth	07/12/1979
Occupation	Indoor
Driving Pass Date	11/10/2000
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	24 YEARS
Gender	Female
Mobile Number	(Phone) +65-96458677
Alt. Phone Number	-
Email Address	PTAXOL@SINGNET.COM.SG
Address	BLK 340 TAMPINES STREET 33 05-252 SINGAPORE 520340
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	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?	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 THE STATED DATE AND TIME, I WAS TRAVELLING ALONG THE SAID LOCATION. VEHICLE IN FRONT OF ME APPLY BRAKE AND I APPLY BRAKE AND STOPPED. OUT OF SUDDEN, I FELT AN IMPACT FROM BEHIND AND NOTICED THAT VEHICLE B (SLZ2474Z) WAS COLLIDED ONTO MY REAR PORTION.

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	SLZ2474Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
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)	-

SKETCH PLAN

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5. 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

<p>VEH A : 8N3712K</p> <p>VEH B : SL27474Z</p> <p>DIE TOWARDS CHAUEN</p> <p>BEFORE ITALIAN BARRIAGE</p>	<div style="text-align: center;"> </div>
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vJun2022

Describe Circumstance of the Accident	
<p>REFER TO GIA REPORT</p> 	<div style="border: 1px solid black; padding: 5px;"> <p>You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence,</p> </div> <div style="margin-top: 10px;"> <p>Reporting Only</p> <p>Claim OD</p> <p><input checked="" type="checkbox"/> Claim TP</p> <p>Claim OD/TP at other workshop</p> </div>

Declaration

I/We declare the foregoing particulars are true in every respect

[Handwritten signature]

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
(Name as on NRICAD card)