

## 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	12/08/2024 11:33 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	10/08/2024 12:15 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	FORT ROAD FILTERING TO ECP/CHANGI
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ233M
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHING TIM JUAN
-	SXXXX273F
Email Address	Timtim.ed@gmail.com
Mobile Phone No	(Phone) +65-98418580
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Audi
Model	A4 1.4 TFSI S TRONIC (NAV)
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	1395
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

#### INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	11437026

#### DRIVER

Name of Driver	CHING TIM JUAN
-	SXXXX273F
Date Of Birth	05/07/1982
Occupation	Indoor
Driving Pass Date	17/12/2002
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	21 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98418580
Alt. Phone Number	-
Email Address	Timtim.ed@gmail.com
Address	2 Bedok Ria Terrace
Address complement	-
Postcode	489727
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	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

FILTERING TOWARDS ECP/CHANGI. UPON APPROACHING, THERE WAS A CYCLIST SUDDENLY APPEARED AND DASHED THE ZEBRA CROSSING. WHEN I SAW, I APPLIED MY BRAKE AND MANAGE TO STOP IN TIME. FOLLOWED BY AN IMPACT FROM BEHIND AND SAW A VEHICLE HAS ALREADY BUMPED INTO MY VEHICLE REAR PORTION. CHAIN COLLISION WITH 3 VEHICLES INVOLVED.

#### 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	SMT649U
Vehicle Manufacturer	Volkswagen
Vehicle Model	Passat
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHAN HSIEN-ALVIN
NRIC No	SXXXX888C
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	Passenger 1
Gender	Female

PASSENGER 2

Name	Passenger 2
Gender	Female

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF7703Z
Vehicle Manufacturer	Audi
Vehicle Model	Q3
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG CHIA LIANG
NRIC No	SXXXX016A
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

PASSENGER 1

Name	Passenger 1
Gender	Female

PASSENGER 2

Name	Passenger 2
Gender	-

## SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation**.
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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' law yers/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' law yers/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 law yers/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 Officer  
Aizam Bin Atan

Witnessed by Reporting Centre  
Personnel

### Sketch Plan

### REFER TO ATTACHED ACCIDENT DIAGRAM

**Describe Circumstances of the Accident**

FILTERING TOWARDS ECP/CHANGI. UPON APPROACHING, THERE WAS A CYCLIST SUDDENLY APPEARED AND DASHED THE ZEBRA CROSSING. WHEN I SAW, I APPLIED MY BRAKE AND MANAGE TO STOP IN TIME. FOLLOWED BY AN IMPACT FROM BEHIND AND SAW A VEHICLE HAS ALREADY BUMPED INTO MY VEHICLE REAR PORTION. CHAIN COLLISION WITH 3 VEHICLES INVOLVED.

**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

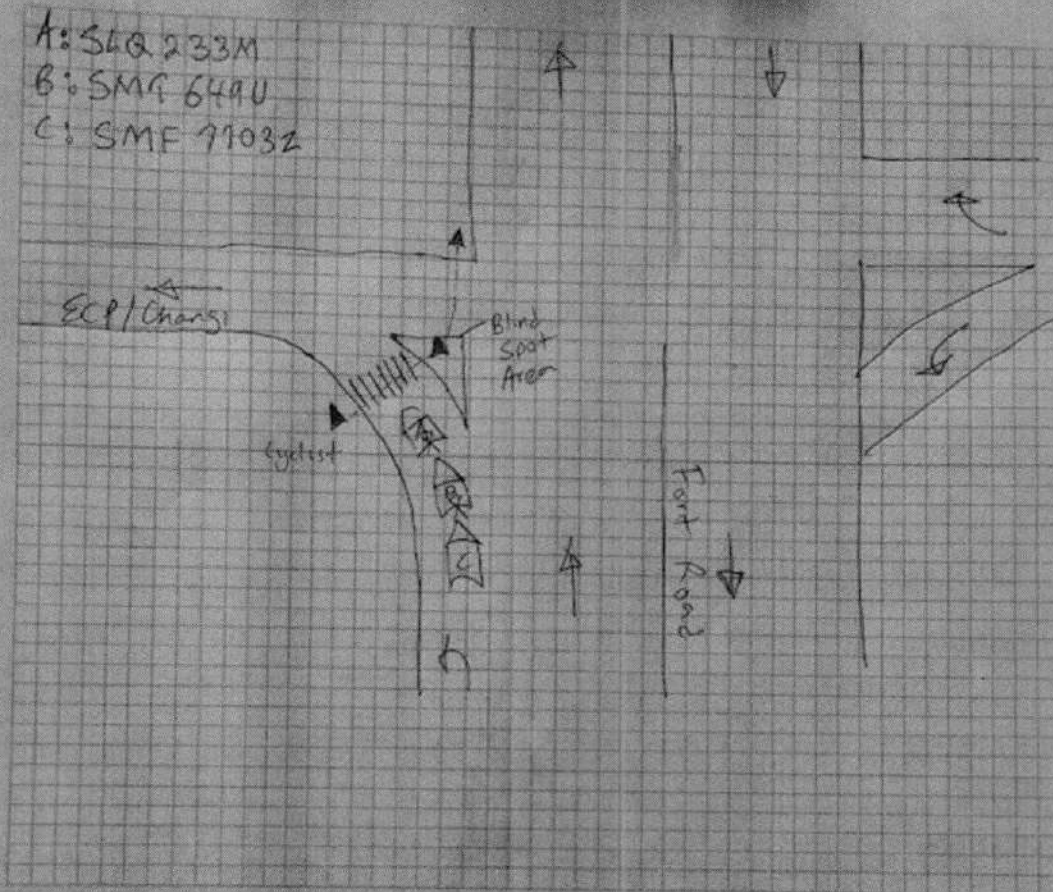
Witnessed By Reporting Officer  
Aizam Bin Atan

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

ACCIDENT DIAGRAM

Ver. 30042021

A: SLQ 233M  
B: SMG 649U  
C: SMF 7903Z



*[Signature]*

Policyholder's Signature  
Date & Time:

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

VERIFIED BY AJAX MARS (ARC)  
REPORTING OFFICER  
AIZAM BIN ATAN

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: