

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	04/11/2024 10:38 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	03/11/2024 15:00 (SGT)
Exact Location of Accident	Near Central Expw., Singapore
Additional Location Information	CTE TOWARDS AYE BEFORE ANG MO KIO AVENUE 5
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ3560K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KEE CHONG CHING
NRIC No	SXXXX166G
Email Address	CHONGCHINGKEE@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91000582
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1498
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Liberty Insurance Pte Ltd
Policy Number / Cover Note Number	SD22V15914/VPC2/R03

DRIVER

Name of Driver	KEE CHONG CHING
NRIC No	SXXXX166G
Date Of Birth	04/02/1964
Occupation	Indoor
Driving Pass Date	11/07/1997
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	27 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-91000582
Alt. Phone Number	-
Email Address	CHONGCHINGKEE@YAHOO.COM.SG
Address	BLK 106D PUNGGOL FIELD #08-500 SINGAPORE 824106
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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)	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	-
Gender	Male

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

I WAS DRIVING ALONG CTE TOWARDS AYE ON THE 2ND RIGHT LANE OF A 4 LANE EXPRESSWAY . SOMEWHERE BEFORE ANG MO KIO AVENUE 5 , VEHICLE AHEAD OF ME SLOWED DOWN AND STOPPED. AS SUCH, I SLOWED DOWN AND STOPPED ACCORDINGLY BEHIND VEH (F) . OUT OF A SUDDEN, VEH (B) CAME FROM THE REAR AND COLLIDED DIRECTLY ONTO THE REAR PORTION OF MY VEHICLE. UPON THE IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEH (F). AFTER THE ACCIDENT, I ALIGHTED AND REALISED THAT I WAS INVOLVED IN A CHAIN COLLISION OF 6 VEHICLES. THATS ALL

A- SLJ3560K
B- SLQ3608X
C- SNS8717Y
D- SKZ3780U
E- SLZ9349G
F- SHA9119H

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 SLQ3608X
Vehicle Manufacturer Mazda
Vehicle Model 5
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category NA / Unknown
Name of Driver FAIZAL
Contact Number (Phone) +65-93630439
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 SNS8717Y
Vehicle Manufacturer Toyota
Vehicle Model Prius
Vehicle Variant -
Vehicle Colour Blue
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) 2

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKZ3780U
Vehicle Manufacturer Mitsubishi
Vehicle Model Asx
Vehicle Variant -
Vehicle Colour Gray
Vehicle Category Private car
Name of Driver REI
Contact Number (Phone) +65-93898009
Address -

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	3

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLZ9349G
Vehicle Manufacturer	Toyota
Vehicle Model	PRIUS ALPHA
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private hire
Name of Driver	RUDY
Contact Number	(Phone) +65-80578933
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 5

Vehicle Registration Number	SHA9119H
Vehicle Manufacturer	Hyundai
Vehicle Model	Ioniq
Vehicle Variant	-
Vehicle Colour	Yellow
Vehicle Category	Taxi
Name of Driver	TAN BENG HO
Contact Number	(Phone) +65-97362918
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

SKETCH PLAN

IMPORTANT NOTICE

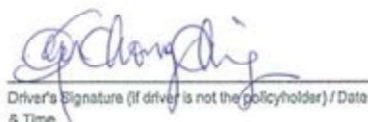
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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

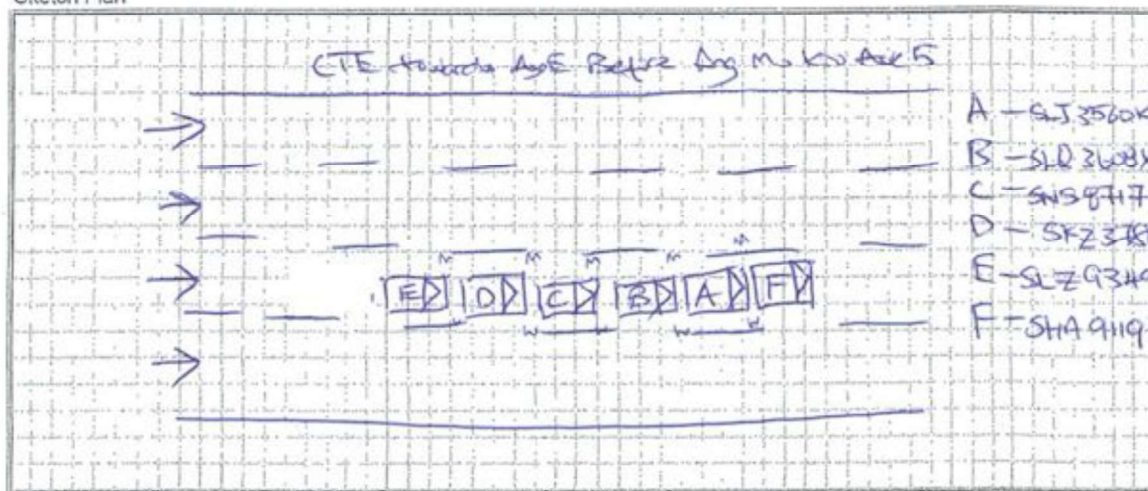
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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


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


Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident


I was driving along CTE towards AYE on the 2nd right lane of a 4-lanes express way. Somewhere before Ang Mo Kio Ave 5, vehicles ahead of me slowed down and stopped. As such, I slowed down and stopped accordingly behind veh (F). Out of the sudden, veh (B) came from the rear and collided directly into the rear portion of my vehicle. Upon the impacts, my vehicle surged forward and collided into veh (F). After the accident, I alighted and realised that I was involved in a chain collision of 6 vehicles. Traffic all.

A - SLJ 3560K
B - SLK 3608X
C - SNS 8717Y
D - SKZ 3790U
E - SLZ 9349G
F - STA 9119H

Declaration

I/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
(Name as in NRIC/ID card)