

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	08/11/2024 14:10 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	07/11/2024 19:15 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA671C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEN QIANG ALEX @ALEXANDER TAN
NRIC No	SXXXX199Z
Email Address	kakinan@gmail.com
Mobile Phone No	(Phone) +65-97911266
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	Income Insurance Limited
Policy Number / Cover Note Number	5118778345-04

DRIVER

Name of Driver	CHEN QIANG ALEX @ALEXANDER TAN
NRIC No	SXXXX199Z
Date Of Birth	01/04/1981
Occupation	Indoor
Driving Pass Date	23/12/2013
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97911266
Alt. Phone Number	-
Email Address	kakinan@gmail.com
Address	BLK 164 LENTOR LOOP
Address complement	#10-02
Postcode	789096
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	4
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

REFER ATTACHED SKETCH PLANS

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	SNR9185E
Vehicle Manufacturer	BMW

Vehicle Model	X1
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NG BEI SI PRISCILLA
NRIC No	SXXXX708C
Contact Number	(Phone) +65-98255125
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMN2564Z
Vehicle Manufacturer	BMW
Vehicle Model	M2
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LOW GIN CHENG GERALD
NRIC No	SXXXX672J
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLZ9382J
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MARCUS SIEW
Contact Number	(Phone) +65-96191215
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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.

[Signature]

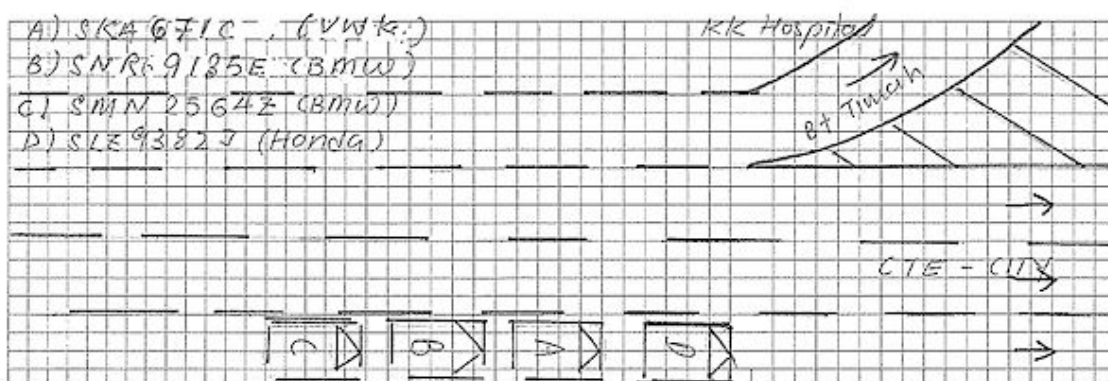
Policyholder's Signature / Date & Time

[Signature]

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



Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

I am driving along CTE near the exit to KK hospital when vehicle D made an emergency brake. I followed to make an emergency brake too, and my vehicle come to a stop. Vehicle B crash into my back. The impact caused me to crash into the front car. Then, I realised it is a chain collision between 4 vehicles B and C after exiting my car.

☐ Claim OD ☐ Claim Third Party ☒ Claim OD/TP at other workshop ☐ Reporting Only

Please forward a copy of my efile accident report to:

My workshop :

Email address :

Myself email :

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own Insurer for more information.

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





