

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	28/11/2024 15:19 (SGT)
Reported by	Actual Driver
Date of Accident	28/11/2024 10:55 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	DUNEARN ROAD TOWARDS NEWTON CIRCUS BESIDE CALTEX (S) 309436
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ6753B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	MING TEIK CO PTE LTD
Company Reg No	196900264H
Email Address	mingteik@yahoo.com
Mobile Phone No	(Phone) +65-62513460
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	CADDY MAXI 1.4 TSI AT SAJHK5
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	1395
Vehicle Fuel	Petrol
First Registration Date	-
Chassis no	WV2ZZZ2KZGX129451
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Great Eastern General Insurance Limited
Policy Number / Cover Note Number	V0110366

DRIVER

Name of Driver	TAN KIAN PANG
NRIC No	S1431924G
Date Of Birth	07/01/1960
Occupation	Indoor
Driving Pass Date	18/01/1979
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	45 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98358790
Alt. Phone Number	-
Email Address	TKIANPANGG@GMAIL.COM
Address	BLK 288B COMPASSVALE CRESCENT 03-363 SINGAPORE 542288
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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 WITH ATTACHED.

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	GBH4162Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	LIM SIONG LIN
Contact Number	(Phone) +65-98526419
Address	-
Address complement	-
Postcode	-
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	SMY1867Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TAN KIAN PANG
Gender	Male
Phone No	(Phone) +65-98358790
Address	BLK 288B COMPASSVALE CRESCENT 03-363 SINGAPORE 542288
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SLJ6753B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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: X 28/11/2019 15:00h

Driver's Signature (if driver is not the policyholder) / Date & Time: 28/11/2019 15:00h

Witnessed by Reporting Centre Personnel (Name as in NRIC/ID card): 28/11/2019 15:00h

Sketch Plan

Vehicle A: SLJ 6753B

Vehicle B: GBK 4162Z

Vehicle C: SHY 1867Z

Describe Circumstance of the Accident

As of above date & time, I was driving my vehicle (SLJ6753B) along Dunearn Rd towards Norton Circus in the middle lane of a 3 Lane Road. Beside (Vatex 9 309436, I slowed down & stopped my vehicle due to traffic ahead. Out of a sudden, I heard a collision at the rear of my vehicle followed by a impact from my rear. I alighted & discovered I was involved in a 3 car chain collision involving vehicle B(GBH4162Z) & vehicle C (SMY1867Z).

Declaration

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

X
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)