



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	15/07/2024 19:49 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/07/2024 13:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SECOND LINK TOWARDS JB
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN423K
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	YAN MUN PENG
NRIC No	SXXXX609J
Email Address	Toshikoyan@gmail.com
Mobile Phone No	(Phone) +65-82669888
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	CIVIC 1.6 VTI
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	1595

INSURANCE COMPANY

Name of Insurance Company	Singapore Life Ltd
Policy Number / Cover Note Number	13270687

DRIVER

Name of Driver	YAN MUN PENG
NRIC No	SXXXX609J
Date Of Birth	20/10/1969
Occupation	Indoor



Driving Pass Date	15/04/2000
Driving experience	24 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-82669888
Alt. Phone Number	-
Email Address	Toshikoyan@gmail.com
Address	Hillcrest Arcadia, 259 Arcadia Road
Address complement	#09-03
Postcode	289852
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?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT



My Car, SMN423K, started to make noises and I started to smell smoke as I was driving on the 2nd Link Expressway around 10:30. As more smoke started to come out from the bonnet, the engine died and I could not restart the engine. I could not move the car to the road shoulder as the engine was dead, it was too heavy for me alone to push to the side road and there was very heavy traffic with tour buses and many speeding motorbikes, driving in the road shoulder too. I was afraid my car might go up in flames and as I was also afraid to stay in the car with the speeding cars, buses and motorbikes, I felt it was too risky for me to stay in the car, and on the expressway. I did everything I could to let the other cars know that my car was stationary: put on the blinkers and opened the boot of my car to indicate that the car had broken down and ran over to the Expressway divider to wait for help to arrive. This was around 10:30 a.m. I called my car agent, Kevin, in Singapore to help me and he arranged immediately for a mechanic and tow truck for me. But due to the heavy traffic, it took the mechanic until 13:00 to reach me. He checked the car and said he would go to JB Customs to request for us to drive into the bus/lorry lane and he would do the necessary repairs there. At around 13:20, a few minutes after the mechanic left to get permission from Customs, a red car (SMH6077T) came speeding into the lane where my car was parked and crashed straight into my car causes huge impact as bits of the car flew everywhere and my vehicle is push towards the left side due to the impact. After that a malaysian lorry (SMH6668) came speeding from behind it and crashed into the red car (SMH6668) only. At that time, the lanes on the right and the left of my vehicle were empty. In the red car was a family of 4. PLEASE REFER TO POLICE REPORT 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	SMH6077T
Vehicle Manufacturer	Honda
Vehicle Model	SHUTTLE HYBRID
Vehicle Variant	-
Vehicle Colour	Red
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	JVX6668
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)	-

INJURED PERSONS DETAILS

INJURED 1
Name of injured person Unknown

-	Gender
-	Phone No
-	Address
-	Address Complement
-	Post Code
-	Approximate Age Years Old
-	Injuries Sustained
-	Injured person in which vehicle?
-	Were seat belts worn?
-	Was this injured conveyed to hospital by ambulance?
-	No
-	No
-	SMH6077T

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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


 Policyholder's Signature
 Date & Time:

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

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
MOHAMED SHARIL BIN SATAR
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.: