

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	22/07/2024 16:32 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	21/07/2024 14:36 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	ALONG PIE TOWARDS TUAS BEFORE JURONG TOWN HALL EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDV7288C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ONG SIEW KHIM
NRIC No	SXXXXX258D
Email Address	siewkhim158@gmail.com
Mobile Phone No	(Phone) +65-91595788
Alternative Phone No	+65-98584833

VEHICLE PARTICULARS

Manufacturer	BMW
Model	X1
Variant	SPORT
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	1499

INSURANCE COMPANY

Name of Insurance Company	Etiqua Insurance Pte Ltd
Policy Number / Cover Note Number	M0051306

DRIVER

Name of Driver	CHIOK WEN PING
NRIC No	TXXXX539J
Date Of Birth	04/05/2000

Occupation	Indoor
Driving Pass Date	06/08/2020
Driving experience	3 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83286642
Alt. Phone Number	-
Email Address	wenping158@gmail.com
Address	158 WESTWOOD AVENUE
Address complement	-
Postcode	S648449
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	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

PLEASE REFER TO ATTACHED SKETCH PLAN.

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	GBJ2497K
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Goods vehicle
Name of Driver	MOHAMMAD REIMY HAIKAL BIN ABDULLAH

NRIC No	TXXXX175C
Contact Number	(Phone) +65-87424911
Address	157B RIVERVALE CRESCENT
Address complement	#10-623
Postcode	S542157
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-


SKETCH PLANIMPORTANT NOTICE


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

I understand, acknowledge, agree and consent that:

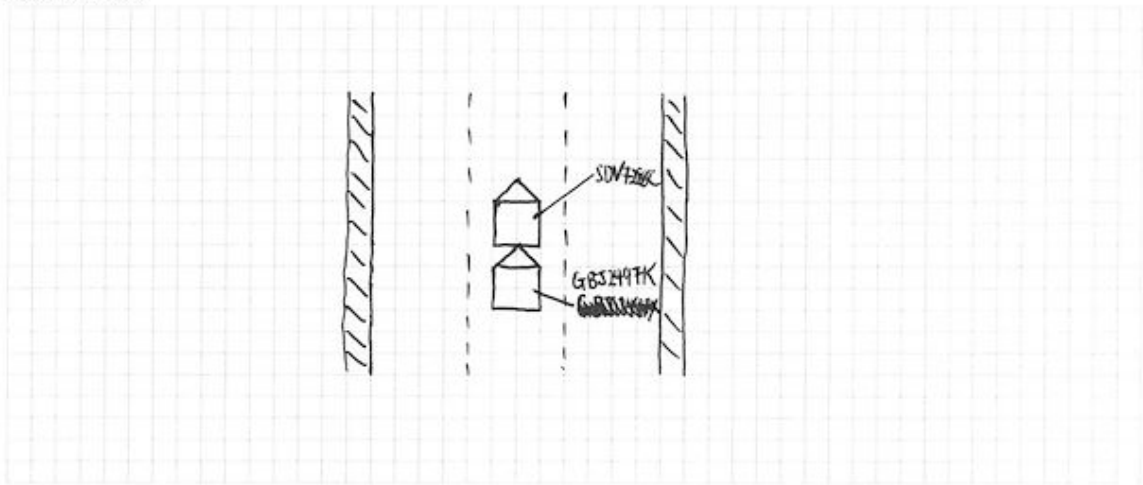
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/7/24


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 22/7/24


 Reporting Centre Personnel's Signature
 Name: Yap Mee Key
 Performance Motors Limited
 303 Alexandra Road
 Sime Darby Performance Centre
 Singapore 159941
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 21st of July 2024 1436 hrs, I was travelling along PIE towards trees on the extreme right lane. Upon seeing roadworks ahead and a big left arrow, I proceeded to filter left, onto the second lane, with a big gap between the front and back vehicle. However, as I completed the lane switch to the 2nd second lane, the vehicle ~~column~~ started to slow down, and the red car in front of me jammed its brakes. I proceeded to slow down and jam my brakes and came to a complete stop behind the red car. Afterwards, the vehicle behind me (GBS247K) collided into the rear of my vehicle.

DECLARATION

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

Policyholder's Signature
Date & Time: 22/7/24

GNAMC Sketch Plan Form V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 22/7/24

Yap Mee Key
Performance Motors Limited
303 Alexandra Road
Singapore Darby Performance Centre
Singapore 159941

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

























































