

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 Authorised 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 ability.
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 Report	13/07/2018 16:06
Date Of Accident	13/07/2018 13:55
Exact Location Of Accident	ALONG PIE TWDS TUAS (EUNOS FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EW1869Z
Insured/Policyholder	
Name Of Registered Owner	KOH YONG XIN
NRIC No	S8340354C
Email Address	NOBLEFRIEND1983@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94353294
Alternative Phone No	OTHERS-94353294

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3029281801
Cover Note Number	

Driver

Name of Driver	KOH YONG XIN
NRIC No	S8340354C
Date Of Birth	23/12/1983
Occupation	INDOOR
Date Of Driving Pass	07/01/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94353294
Fax Number	
Contact Number	OTHERS-94353294
Email Address	NOBLEFRIEND1983@YAHOO.COM

Address	BLK 184 JELEBU ROAD #12-28
Postcode	670184
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS TUAS@ (EUNOS FLYOVER) ON THE EXTREME RIGHT LANE. THE VEHICLE IN FRONT OF ME, SLF4482S WAS DRIVING ERRATICALLY, ACCELERATING, DECELERATING, TAPPING ON THE BRAKES WHEN THERE IS A CLEAR PATH INFRONT. AS WE REACHED NEAR THE DOWN-SLOPE END ON THE FLYOVER, SLF4482S E-BRAKED, WHICH CAUSED ME TO E-BRAKE ALSO. AS I WAS ON THE DOWN-SLOPE, TRAVELING AT AROUND 70KM/H, I WAS UNABLE TO STOP ON TIME AND MY VEHICLE COLLIDED INTO THE REAR PORTION OF SLF4482S. THEN THE CAR BEHIND ME, SLD270Z, COLLIDED INTO THE REAR OF MY VEHICLE. WHEN I CAME OUT TO INSPECT THE DAMAGE, I REALIZED THAT I WAS INVOLVED IN A 4-CAR CHAIN COLLISION. A TAXI, SHC5148P ALSO COLLIDED INTO THE REAR OF SLD270Z.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD270Z
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP LIU CHENG CHI
NRIC/Passport Number	S2628446E
Contact Number	96884707
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC5148P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA LYE HUAT ALLEN
NRIC/Passport Number	S1349157G
Contact Number	98168365
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLF4482S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SELVY LUKITO
NRIC/Passport Number	S7886701I
Contact Number	81017262
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

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.
- (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.

 13/07/2018
Policyholder's Signature
Date & Time:

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

 13/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

PIE TWO'S THAS (EUNOS FLYOVER)

A - EW1869Z

B - SLD270Z

C - SHC5148P

D - SLF4482S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the statement.

DECLARATION

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

Alvin 13/07/2018
 Policyholder's Signature:
 Date & Time:

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

sym 13/07/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

