

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 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 Report	29/04/2019 15:33
Date Of Accident	27/04/2019 15:15
Exact Location Of Accident	PIE TOWARDS CHANGI NEAR ALONG TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV8444B
Insured/Policyholder	
Name Of Registered Owner	LIM CHOONG FANG IVY (LIN CHUNFANG IVY)
NRIC No	S7708225E
Email Address	IVYLCF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90050444
Alternative Phone No	OTHERS-90050444

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREVIA AERAS-2.4 CVT MR (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI19V03350/VPC/R00
Cover Note Number	

Driver

Name of Driver	LEONG WENG KIT, ELVIN
NRIC No	S7836896I
Date Of Birth	12/12/1978
Occupation	INDOOR
Date Of Driving Pass	28/10/1998
Driving Experience	20 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94509945
Fax Number	
Contact Number	
Email Address	LEONGELVIN@GMAIL.COM

Address	956 DUNEARN ROAD #10-17, GARDENVISTA
Postcode	589484
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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 (including own vehicle) involved in the accident	6
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)	6
Passenger 1	NAME: : TUTI GENDER: : FEMALE
Passenger 2	NAME: : LEONG FENG EN ELDON GENDER: : MALE
Passenger 3	NAME: : LIM CHOONG FANG, IVY GENDER: : FEMALE
Passenger 4	NAME: : LEONG TIAN EN, ETZEL GENDER: : MALE
Passenger 5	NAME: : LEONG XU EN, INEZ GENDER: : FEMALE

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 DRIVING VEHICLE A AND WAS TRAVELLING ALONG PIE TOWARDS CHANGI NEAR ALONG TOA PAYOH. WHILE I WAS TRAVELLING ALONG THE WAY, VEHICLE D WHICH WAS TRAVELLING IN FRONT OF MY VEHICLE STOPPED ITS VEHICLE WHICH I FOLLOWED ACCORDINGLY AND MANAGE TO STOP IN TIME. IN A SPLIT OF SECONDS, I SUDDENLY FELT A STRONG IMPACT COMING FROM MY VEHICLE WHICH RESULTED MY VEHICLE BEEN PUSH FORWARD AND COLLIDED ONTO THE REAR OF VEHICLE D. AFTER ENSURING MY PASSENGERS WERE SAFE AND NOT INJURED. I IMMEDIATELY ALIGHTED FROM MY VEHICLE AND CAME TO REALISE THAT IT WAS A SIX-VEHICLES CHAIN COLLISION. I WAS THE FOURTH VEHICLE IN THE CHAIN. NO INJURIES WERE INVOLVED TO MY BEST OF KNOWLEDGE. NEITHER POLICE NOR AMBULANCE ATTENDED TO THE ACCIDENT SCENE. I HAD VIDEO FOOTAGES TO SUPPORT MY STATEMENT. THAT'S ALL.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT9539T
Vehicle Make/Model/Colour HONDA VEZEL / WHITE
Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR
Name of Driver WEI CHENG
NRIC/Passport Number
Contact Number 96664158
Address
Postcode
Insurance Company Name AXA INSURANCE PTE LTD
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC3523C
Vehicle Make/Model/Colour MERCEDES BENZ / WHITE
Details Of Properties VEHICLE C
Vehicle Category TAXI
Name of Driver ONG SAY BENG
NRIC/Passport Number
Contact Number 98500408
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SJR5180S
Vehicle Make/Model/Colour HONDA CIVIC / SILVER
Details Of Properties VEHICLE D
Vehicle Category PRIVATE CAR
Name of Driver JIA WEI
NRIC/Passport Number
Contact Number 94880720
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJE1554S
Vehicle Make/Model/Colour HONDA CIVIC / BLACK
Details Of Properties VEHICLE E
Vehicle Category PRIVATE CAR
Name of Driver DON

NRIC/Passport Number
Contact Number 98590334
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SLS9301E
Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS / SILVER
Details Of Properties VEHICLE F
Vehicle Category PRIVATE CAR
Name of Driver CHIAM
NRIC/Passport Number
Contact Number 96879125
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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7. By the lodgment 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.
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:

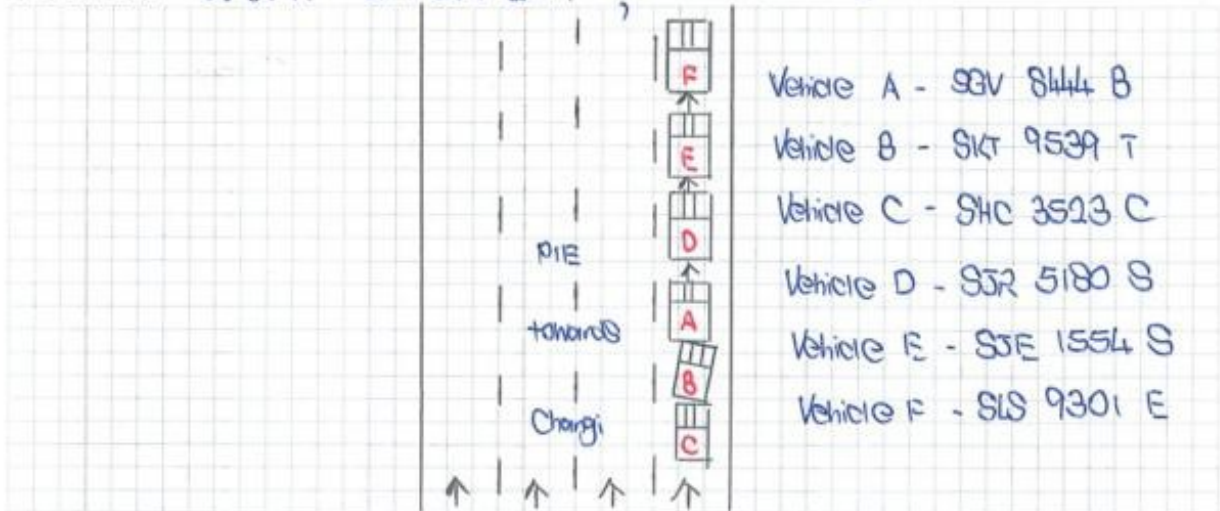
Driver's Signature
(If driver is not the policyholder)
Date & Time:

29 APR 2019

Reporting Centre Personnel's Signature
Name: ANG WEI GUANG
NRIC/FIN No.: S8410708E

Sketch Plan #2

SKETCH PLAN O.O.A 27.04.2019 15:15 Hrs



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING VEHICLE A AND WAS TRAVELLING ALONG PIE TOWARDS CHANGI NEAR ALONG TOA PAYOH. WHILE I WAS TRAVELLING ALONG THE WAY, VEHICLE D WHICH WAS TRAVELLING IN FRONT OF MY VEHICLE STOPPED ITS VEHICLE WHICH I FOLLOWED ACCORDINGLY AND MANAGE TO STOP IN TIME. IN A SPLIT OF SECONDS, I SUDDENLY FELT A STRONG IMPACT COMING FROM MY VEHICLE WHICH RESULTED MY VEHICLE BEEN PUSH FORWARD AND COLLIDED ONTO THE REAR OF VEHICLE D. AFTER ENSURING MY PASSENGERS WERE SAFE AND NOT INJURED. I IMMEDIATELY ALIGHTED FROM MY VEHICLE AND CAME TO REALISE THAT IT WAS A SIX-VEHICLES CHAIN COLLISION. I WAS THE FOURTH VEHICLE IN THE CHAIN. NO INJURIES WERE INVOLVED TO MY BEST OF KNOWLEDGE. NEITHER POLICE NOR AMBULANCE ATTENDED TO THE ACCIDENT SCENE. I HAD VIDEO FOOTAGES TO SUPPORT MY STATEMENT. THAT'S ALL.

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:

Reporting Centre Personnel's Signature
Name: ANG WEI GUANG
NRIC/FIN No.: S8410708E

GJABMC SketchPlanForm_V1

29 APR 2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



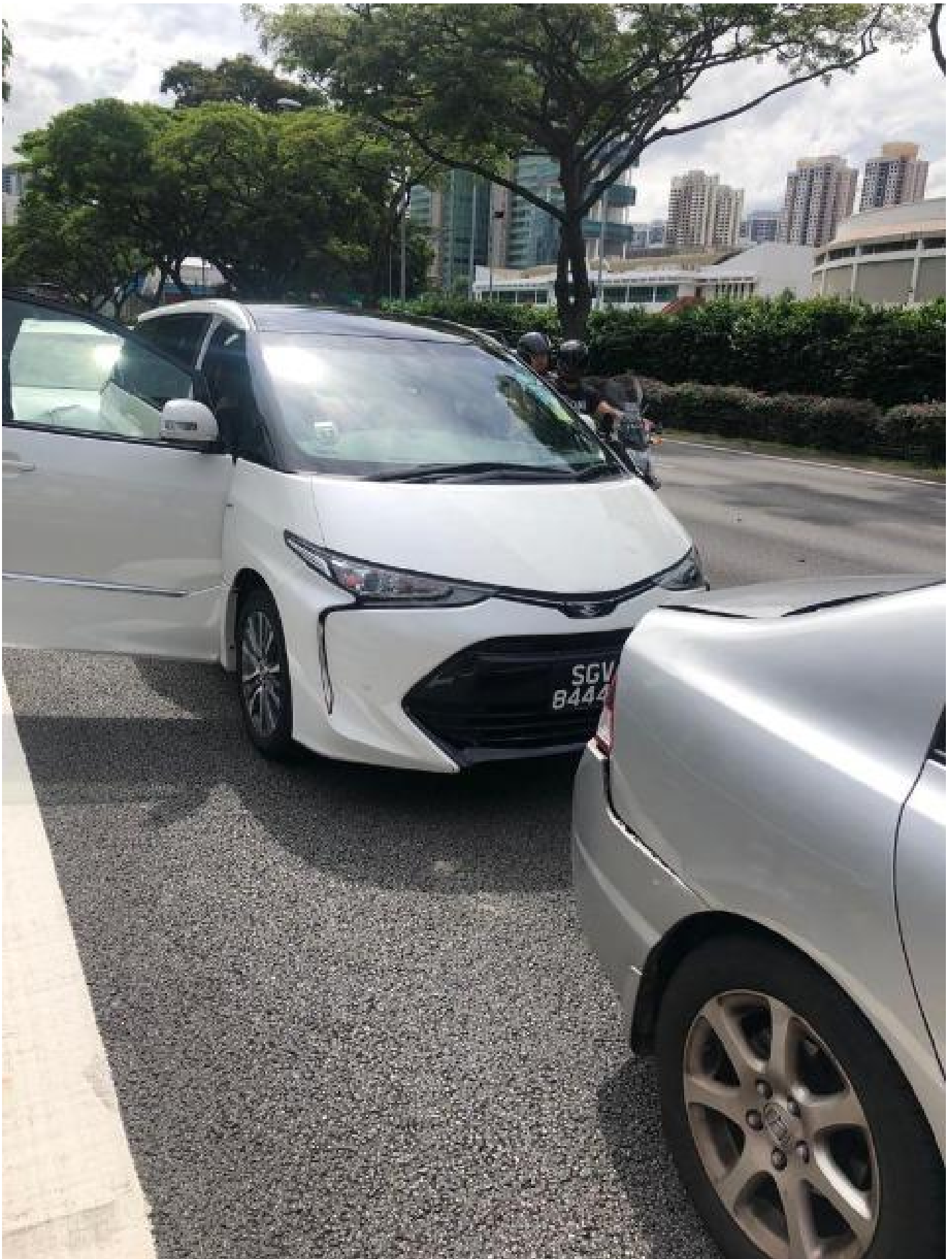
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