

## 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	08/04/2020 12:21
Date Of Accident	07/04/2020 06:45
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFS8868P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JONATHAN SEAH CHU PING
NRIC No	SXXXX755I
Email Address	JONA_SEAH@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96828868
Alternative Phone No	OFFICE-96828868
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	QASHQAI-1.2 DIG-T CVT ABS 2WD 5DR (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
<b>Insurance Company</b>	
Name of Insurance Company	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP311548
Cover Note Number	
<b>Driver</b>	
Name of Driver	CHARMAINE CHAN WEI EN
NRIC No	SXXXX179C
Date Of Birth	14/07/1971
Occupation	INDOOR
Date Of Driving Pass	07/03/1989
Driving Experience	31 YEARS AND 1 MONTH
Gender	FFMAI F
Mobile Number	(LOCAL) +65-97983118
Fax Number	
Contact Number	
EMail Address	CHARM.CHAN@GMAIL.COM

Address	6 JALAN TUA KONG #04-13
Postcode	457269
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	RAINING
Road Surface	WET

**Other Information**

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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**

REFER TO ATTACHED SKETCH PLAN

**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	SFY5066A
Vehicle Make/Model/Colour	PROTON EXORA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUNAIDAH BTE ABDULLAH
NRIC/Passport Number	SXXXX329Z
Contact Number	96245414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number	SLK9361Z
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Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN YONG KEE
NRIC/Passport Number	
Contact Number	96426842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. This report **correctly** contains the facts of the accident as well as your own report.
2. This form must be **completed by the Policyholder** and/or the **Authorised Driver**.
3. Information provided must be **truthful** and as **accurate as possible**. Inaccurate, false or misleading information or facts may allow insurers to **reputate policy liability**.
4. The issue and acceptance of this form is not a **guarantee** that the insurance company will accept the claim of either party or cover the cost of either party's expenses.
5. **Any false reporting may be referred to the Police for investigation**.
6. The report will be forwarded by the Insurer to the GIA Road 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 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:

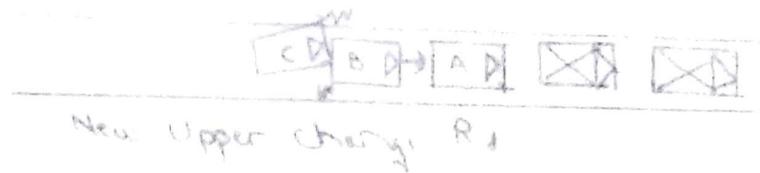
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

  
Driver's Signature  
If driver is not the policyholder  
Date & Title

  
Reporting Centre Person's signature  
Name: \_\_\_\_\_  
NIC No: \_\_\_\_\_

a. 2020  
 B. 2020  
 C. 2020



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 07 April 2020 around 6:45 am, my car  
 SFS 8868 P came to a stationary stop along New  
 Upper Changi Road just outside The Tanamiera  
 Condominium in the direction towards Simei before  
 the Bedok South Ave 3 junction. There were a few  
 cars in front of us before the junction.

We were at a complete stop for at least 25 seconds,  
 waiting for the cars in front to turn right into Bedok  
 South Ave 3.

Suddenly I hear a loud bang behind us immediately  
 followed by a second bang on my vehicle.

After disembararking and through the video evidence, I can  
 verify that the car that hit my stationary vehicle rear  
 bumper is a dark grey Proton Exora SF15066A driven by  
 Junaidah Bte Abdullah (S174443098) was first hit by  
 another car, light grey Toyota Corolla Altis SLK 93612  
 driven by Tan Jeng Kee (S11068011).

**DECLARATION**

I declare that the above information is true and correct to the best of my knowledge and belief.

  
 Name: \_\_\_\_\_  
 No. of License: \_\_\_\_\_  
 Date: \_\_\_\_\_

  
 Name: \_\_\_\_\_  
 No. of License: \_\_\_\_\_  
 Date: \_\_\_\_\_

  
 Name: \_\_\_\_\_  
 No. of License: \_\_\_\_\_  
 Date: \_\_\_\_\_