

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	15/04/2020 16:33
Date Of Accident	15/04/2020 14:55
Exact Location Of Accident	SLIP ROAD TO PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDW74T
Insured/Policyholder	
Name Of Registered Owner	WEE GUAN OEI DESMOND
NRIC No	SXXXX722J
Email Address	DESMOND.WEE@RAJAHTANN.COM
Mobile Phone No	(LOCAL) +65-96950884
Alternative Phone No	OTHERS-98193615

Vehicle Particulars

Manufacturer	BMW
Model	X5
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	
Cover Note Number	

Driver

Name of Driver	SHARMILA NAIR
NRIC No	SXXXX216Z
Date Of Birth	08/11/1970
Occupation	INDOOR
Date Of Driving Pass	29/03/1988
Driving Experience	32 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98193615
Fax Number	(LOCAL) +65-67377020
Contact Number	
Email Address	SHARMILA.NAIR@GMAIL.COM

Address	1 JALAN ARNAP
Postcode	249307
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	4
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)	2
Passenger 1	NAME: : TARA WEE 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

REFER TO ATTACH.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

Details of Witness 1

Name	NG KUEN BENG
Phone Number	92211192
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1695M
Vehicle Make/Model/Colour	HYUNDAI I40 TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	TAN KIM HOE
NRIC/Passport Number	SXXXX849E
Contact Number	97373560

Address	BLK 513 WOODLANDS DR 14 #09-167
Postcode	730513
Insurance Company Name	INDIA INTERNATIONAL INSURANCE PTE LTD
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLF1182C
Vehicle Make/Model/Colour	BLACK MERCEDES
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMAR SINGH
NRIC/Passport Number	
Contact Number	96180854
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SCW5535J
Vehicle Make/Model/Colour	WHITE HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JUDY LEE
NRIC/Passport Number	
Contact Number	93875738
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

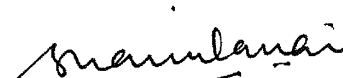
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:

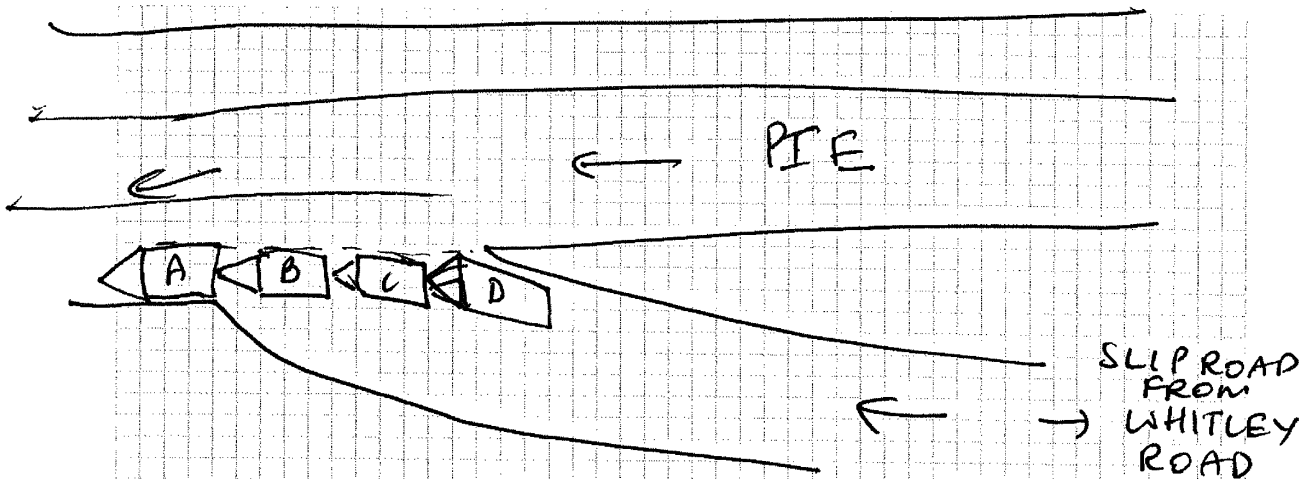


Driver's Signature
(If driver is not the policyholder)
Date & Time: 15.4.2020
4 pm



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A	: SLP 1182 C (Black Mercedes)
	Driven by Amar Singh (Tel: 96180854)
CAR B	: SCW 55353 (white Honda)
	Driven by Judy Lee (Tel: 93875138)
CAR C	: SDW 74 T (grey BMW X5)
	Driven by Sharmila Nair (Tel: 98193615)
CAR D	: SHA 1695 M (Taxi)
	Driven by Tan Kim Hoe
I WAS TRAVELLING TRAVELLING ALONG THE SLIP ROAD FROM WHITLEY ROAD TO JOIN THE PIE IN THE DIRECTION OF BKE.	
AS I WAS DRIVING ALONG THE CAR IN FRONT OF ME (CAR B) STOPPED. I ALSO ALSO FOLLOWED SUIT AND STOPPED IN TIME WITHOUT HITTING THE CAR IN FRONT.	
SUDDENLY MY DAUGHTER AND I FELT THE IMPACT OF A HIT FROM BEHIND WHICH PUSHED OUR CAR FORWARD, CAUSING IT TO COLLIDE COLLIDE INTO THE CAR IN FRONT AND CAUSING SEVERE DAMAGE TO THE REAR OF MY CAR. THE DRIVER OF THE CAR (TAXI) ADMITTED TO CAUSING THE ACCIDENT WHICH IS A CHAIN COLLISION INVOLVING 4 CARS.	

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: 15.4.2020.

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

