

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 Submission 31/12/2020 14:40 (SGT)
Date of Accident 31/12/2020 11:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information PIE towards Changi before Thomson Exit.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKP6613C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Lin Jun Xian
NRIC No SXXXX461J
Email Address LJX24@hotmail.com
Mobile Phone No (Phone) +65-91882242
Alternative Phone No +65-91882242

VEHICLE PARTICULARS

Manufacturer BMW
Model 520i
Variant -
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

INSURANCE COMPANY

Name of Insurance Company Direct Asia
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00830087
Cover Note Number -

DRIVER

Name of Driver Lin Jun Xian
NRIC No SXXXX461J
Date Of Birth 06/04/1985
Occupation Indoor

Date Of Driving Pass	10/03/2006
Driving experience	14 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91882242
Alt. Phone Number	+65-91882242
Email Address	LJX24@hotmail.com
Address	Apt Blk 757 Choa Chu Kang North 5 #02-119
Address complement	-
Postcode	680757
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material 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

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 attached.

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	SMD8197M
Vehicle Manufacturer	Toyota
Vehicle Model	Camry
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMW1092C
Vehicle Manufacturer BMW
Vehicle Model -
Vehicle Variant -
Vehicle Colour White
Vehicle Category Private car
Name of Driver -
Contact Number -
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person Lin Jun Xian
Address Apt Blk 757 Choa Chu Kang North 5 #02-119
Address Complement -
Post Code 680757
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? SKP6613C
Were seat belts worn? -
Was this injured conveyed to hospital by ambulance? -

SKETCH PLAN

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7. By the judgment 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:



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

Accident Toolkit

Sketch plan

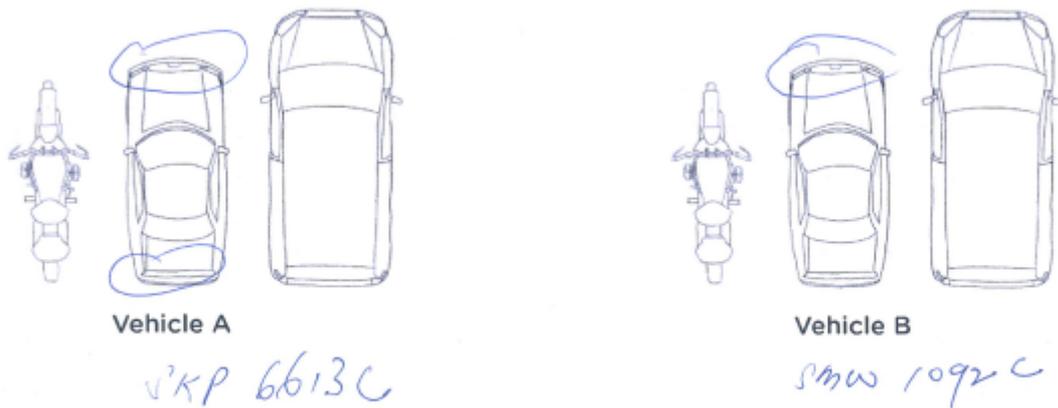
Sketch of accident scene:

Please illustrate the layout of roads with arrows showing the direction and position of vehicles at the time of impact. Also please note the road names, road signs and vehicle registration numbers.

If safe, please take photos or videos from all angles.

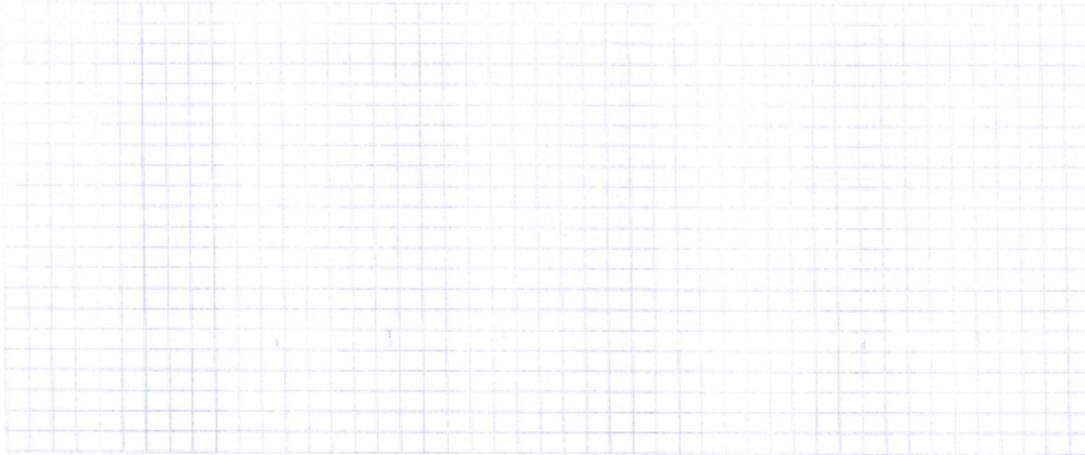


Please indicate on vehicle A (your vehicle) and, vehicle B (third party vehicle), the point of impact and area(s) of visible damage with an arrow.



Call us direct
 Customer Care
6665 5555
 Claims Support 24/7 Hotline
6532 1818
+65 6503 3699 (from overseas)

SKETCH PLAN



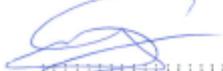
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE towards Changi before Thomson Exit. The car in front of me ~~stopped~~ slowed down and stop, I also slowed down and stop without having any contact with front vehicle. Suddenly I felt ~~and~~ a very huge impact from the rear portion of my vehicle causing it to thrust forward and hit the front vehicle.

3 cars were involved in the accident.

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: Zensick Ong
 NRIC/FIN No.: Sxxxxxxp



















РЕСЕТ
ИНИЦИАЛИЗАЦИЯ
RESETOWANIE

 6 763 822

725155 & 71 91 V		2,3		2,5		2,4		2,5	
715145 & 18 100 Y H+ JL		230		250		240		250	
725155 & 71 91 V		2,6		3,1		2,8		3,3	
715145 & 18 100 Y		260		310		280		330	
725155 & 71 91 V		2,0		2,3		2,2		2,2	
715145 & 18 100 Y		200		230		220		220	
725155 & 71 91 V		2,6		3,1		2,6		2,7	
715145 & 18 100 Y		260		310		260		270	
725155 & 71 91 V		4,2/400/2,7/20							
715145 & 18 100 Y									

68955882

Made in
 Germany
 ATZ
 7 263 981
BAYERISCHE MOTOREN WERKE AG
 e1*2007/46*0363
WBA5A32060D789326
 2225 kg
 1- 1070 kg
 2- 1280 kg









