

## 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	07/01/2021 17:03 (SGT)
Date of Accident	06/01/2021 13:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS AFTER CHANTEK FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY9819G
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#### INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PLATINUM MOTORING
Company Reg No	5XXXX190J
Email Address	anggordon.x@gmail.com
Mobile Phone No	(Phone) +65-98528570
Alternative Phone No	+65-98528570

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Wish
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
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	NTUC
Type of Coverage	ThirdParty
Fleet Policy	No
Policy Number	5088310646-03
Cover Note Number	01/03/2020 - 28/02/2021

#### DRIVER

Name of Driver	ANG GORDON
NRIC No	SXXXX699A
Date Of Birth	14/10/1991
Occupation	Outdoor

Date Of Driving Pass	28/06/2010
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98528570
Alt. Phone Number	-
Email Address	ashley9567@yahoo.com
Address	BLK 940 HOUGANG ST 92 #14-19
Address complement	-
Postcode	530940
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	SML53C
Insurance Company of Other Vehicle Owned by Driver	NTUC

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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

#### REFER TO STATEMENT

#### 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	SJF3152A
Vehicle Manufacturer	-
Vehicle Model	-
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	SFG2205E
Vehicle Manufacturer	-
Vehicle Model	-
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 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
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)	-

# SKETCH PLAN

## SKETCH PLAN

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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 if needed.
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 the accident (all insurer(s) who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' law firm/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 making 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/postal packages); and/or
      - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
    - (b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' law firm/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purpose(s); 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 the law firm/law firms), which may be situated outside of Singapore, for one or more of the above Purpose(s).



*[Signature]*

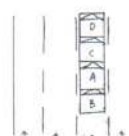
*[Signature]*

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Recording Centre Personnel

Sketch Plan



Vehicle A: 8679809 G  
 Vehicle B: 837 3152 H  
 Vehicle C: 816 2005 E  
 Vehicle D: unknown

Describe Circumstances of the Accident

On the stated date & time, I, Vehicle A (Soyuznag) was travelling at the stated location in lane 2. As the vehicle in front slowed down and came to a stop, I slowed too. Suddenly, I felt a loose impact from the rear portion of my vehicle causing me to surge forward and (skid) to Vehicle B (Soyuznag). I almost realized I was pushing in a chain collision consisting of 4 vehicle.

Declaration \* (10/11/17 7P by Nig)

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

*[Signature]* 10/11/17

Driver's Signature (if driver is not the policyholder) / Date & Time

*[Signature]*

Witnessing Reporting Centre Personnel (Print)