

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	05/03/2021 18:23 (SGT)
Date of Accident	05/03/2021 14:30 (SGT)
Exact Location of Accident	297 Lor 6 Toa Payoh, Singapore 319389
Additional Location Information	LANE 1 PIE CHANGI BEFORE EXIT 16A BEFORE SAFRA TOA PAYOH
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMP8377Y
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TIEW CHONG GEE MICHAEL (ZHAO ZHONGYI)
NRIC No	SXXXX973G
Email Address	michaeltian@yahoo.com.sg
Mobile Phone No	(Phone) +65-92357508
Alternative Phone No	(Home) +65-92357508

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Great Eastern
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	V8010522
Cover Note Number	-

DRIVER

Name of Driver	TIEW CHONG GEE MICHAEL (ZHAO ZHONGYI)
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Occupation	Indoor
Date Of Driving Pass	14/08/2002
Driving experience	18 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92357508
Alt. Phone Number	(Home) +65-92357508
Email Address	michaeltian@yahoo.com.sg
Address	BLK 535 SERANGOON NORTH AVENUE 4 #04-185
Address complement	-
Postcode	550535
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	6
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

REFER TO STATEMENT

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	SLM4349H
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	MOHAMED SAHRI BIN SAMSURI
NRIC No	SXXXX519C
Contact Number	-
Address	-

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	SGA1401G
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	TAY HIOK CHUAN
NRIC No	SXXXX238A
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	SLP2643E
Vehicle Manufacturer	Toyota
Vehicle Model	Aqua
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 4

Vehicle Registration Number	SHC6973S
Vehicle Manufacturer	Kia
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
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 5

Vehicle Manufacturer	Lexus
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TIEW CHONG GEE MICHAEL
Address	-
Address Complement	-
Post Code	-
Proximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SMP8377Y
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

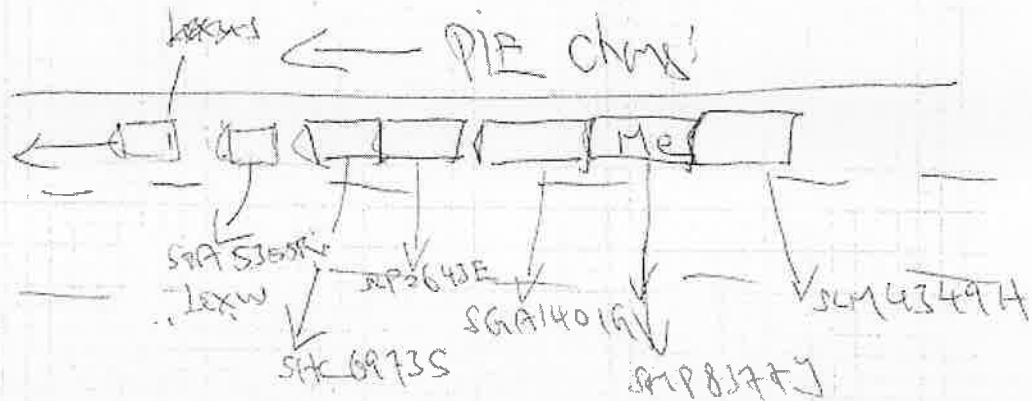
Policyholder's Signature
Date & Time:

9/3/2021

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along PIE in direction of chngs
 Suddenly heard screeching sound and Bang.
 Car in front jam brake. Too late to avoid
 and I knock into Car in front. Speed 65-70 km/h
 Car behind brake and hit into me.
 Traffic was quite heavy
 No injuries

DECLARATION

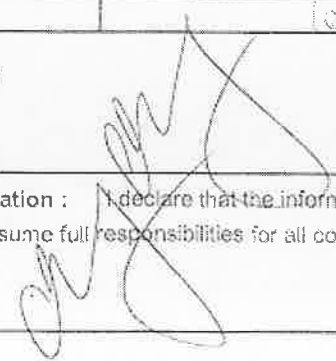
If/We declare the foregoing particulars are true in every respect:

Policyholder's Signature
 Date & Time:
 09/03/21
 3pm

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

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

Annex 2: Details of All Other Parties Involved in Chain Collision

Total Number of Parties Involved : []	
Party 1-2	
Name and NRIC No.	Tay Hioik chuan, S1247238A
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	SGA 1401 G
Make / Model	Honda, Blade
Party 2-1	
Name and NRIC No.	Mohamed Jahri Bin Samfari / S1736519C
Address	256C Juncung Walk, #14-643, J(823256)
Insurance Company	
Handphone No.	
Vehicle Reg No.	SL17 4349 H
Make / Model	Nissan, white
Party 3	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	SLP 2643 B
Make / Model	Toyota Aygo (Truck car)
Party 4	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	S17C 6973 S
Make / Model	Isuzu
Party 5	
Name and NRIC No.	
Address	
Insurance Company	
Handphone No.	
Vehicle Reg No.	SDA 5355 R
Make / Model	Isuzu
Comments :	
	
Driver's Declaration : I declare that the information given in this report are true and correct. I undertake to assume full responsibilities for all consequences should any part given above be untrue.	
Signature	Date : 5/7/2021