

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	08/03/2021 12:14 (SGT)
Date of Accident	08/03/2021 08:45 (SGT)
Exact Location of Accident	ECP, Singapore
Additional Location Information	TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV7028B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHEONG YI HONG, VIK
NRIC No	S8825015Z
Email Address	vikcheong88@gmail.com
Mobile Phone No	(Phone) +65-98731069
Alternative Phone No	+65-98731069

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
Variant	-
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?	Yes
Vehicle Category	Private car

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	20-MS006647-R01
Cover Note Number	-

DRIVER

Name of Driver	CHEONG YI HONG, VIK
NRIC No	S8825015Z
Date Of Birth	27/06/1988
Occupation	Indoor

Date Of Driving Pass	05/10/2009
Driving experience	11 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98731069
Alt. Phone Number	+65-98731069
Email Address	vikcheong88@gmail.com
Address	BLK 476 SEGAR ROAD #05-412
Address complement	-
Postcode	670476
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	5
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LEE HUI TING MICHELLE
Gender	Female

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 THE ATTACH
STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SHC7228B
Vehicle Manufacturer	-
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 2

Vehicle Registration Number	SGW1149U
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	SLB5931C
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 4

Vehicle Registration Number	SMN8343E
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LEE HUI TING MICHELLE
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV7028B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

INJURED 2

Name of injured person	CHEONG YI HONG, VIK
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SGV7028B
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

<p>A - SGV 7028B</p> <p>B - SHC 7228B</p> <p>C - SGW 1149H</p> <p>D - SLB 5931C</p> <p>E - SMN 8343E</p>	
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Describe Circumstances of the Accident

Travelling along ECP towards ~~the~~ city. I'm travelling on the first lane at about 80 km/h with a 2-car distance ~~in front~~ from SHC 7228 B.

Suddenly, SHC 7228 B came to a complete stop and I applied emergency break, and my car S&V ~~7028 B~~ crashed into SHC 7228 B. I was still in shock and daze from the crash impact. ~~The car was~~ I

The car was filled with ~~the~~ smoke so I opened the door, and also help my wife to open the door. The moment I stepped out of the car, the owner of SMN 8343 E ~~was~~ confront me and demand to take picture of my NRIC.

I was still in daze and ~~gave~~ allowed him to take a picture of my NRIC. Then I noticed, ~~that~~ during the accident, everybody of vehicles A, B, C and D were still ~~recovering~~ ^{impact} from the accident ~~impact~~, shocked and looking ~~around~~ around. However, only the car owner of ~~the~~ vehicle E (SMN 8343 E) ~~was~~ ^{was} very alert and he approached all car owners of vehicle B, C and D too to take a picture of their NRIC.

As I noticed that he was very familiar as to what to do in a chain accident while the rest of us were still digesting the ~~the~~ situation soon after the car owner of SMN 8343 E took our NRIC pictures, he drove off and left the accident site. This ~~was~~ ^{was} about ~~10 mins~~ ^{10 mins} after the crash.

Declaration

We declare the foregoing particulars are true in every respect.

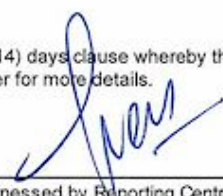
If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time


8/3/21
11:55 AM

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

Witnessed by Reporting Centre Personnel


PW

Describe Circumstances of the Accident

Not long after vehicle SMN 8343 E left, another car SMR 6572 C stopped in front of vehicle D and two guys alighted. These 2 guys approached vehicle D and C to offer road assistance for car insurance claims. They did not approach me at all.

I suspect that vehicle E and SMR 6572 C are in a syndicate to ~~even~~ create this chain accident. The front hood of ~~the vehicle~~ vehicle A to D are badly damaged while vehicle D was ~~was~~ only a crack on the car plate. (refer to picture).



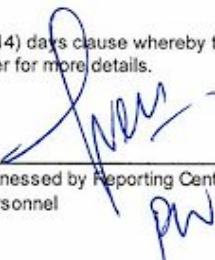
I spoke to car owner of vehicle D to understand what happened. Vehicle E jam ~~the~~ brake once and vehicle D stopped but not collided into vehicle E yet. Then ~~the~~ vehicle E moved and jam brake for a second time and this time caused vehicle D to ~~collide~~ collide ~~into~~ into vehicle E and the chain accident continues from there.

Currently, I am having chest pain and my left knee is swollen. My wife is also having chest pain, ~~abrasion~~ abrasion on upper left arm, pain on left wrist and cut ~~at~~ at lower lip. My wife was sleeping before the car crash.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	 Witnessed by Reporting Centre Personnel
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