VERSION: 1 (13/03/2021 13:48 (SGT))

# 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 witholding of material facts may allow insurance companies to repudiate 5. Intermitted in provided midst be as it dufficing and accurate as possible. Any white misteries estimation of witholding of material facts may allow insurance companies to repuddance 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 13/03/2021 13:48 (SGT) Date of Accident 12/03/2021 16:30 (SGT) Exact Location of Accident PIE, Singapore Additional Location Information TOWARDS (CHANGI AIRPORT) Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SKJ4696H

#### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner ZHENG MINHAO NRIC No S2675711H Email Address LUKA926@GMAIL.COM Mobile Phone No (Phone) +65-94230903 Alternative Phone No +65-94230903

#### VEHICLE PARTICULARS

Manufacturer Mercedes Mode E250 Variant ..... Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to

No - Claiming third party your vehicle? Vehicle Category Private car

### INSURANCE COMPANY

Name of Insurance Company Type of Coverage Comprehensive Fleet Policy Policy Number GA397271 Cover Note Number

#### DRIVER

Name of Driver ZHENG LUKA NRIC No S9670736C Date Of Birth 23/05/1996 Occupation Indoor

Date Of Driving Pass 15/01/2016 Driving experience 5 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-84284232 Alt. Phone Number Email Address LUKA926@GMAIL.COM Address 3 SIGLAP ROAD #07-27 Address complement Postcode 448907 Is the driver the policyholder? Nο If No, Relationship of the Driver with the Insured Child 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ZHENG MINHAO Gender Male **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? Nο Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLR3734J Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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	SGD5595M
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	SLU3344K
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

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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;

& Time

- (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

James 13 March 2021 0941 Driver's Signature (# driver is not the policyholder) / Date

Witnessed by Reporting Centre

Sketch Plan

Refer	to	attach	-			1910	
				The state of the s			
						24-1/4.1	
1144							
****							
claration							
declare the forego	inst your own p	olicy, please be a	dvised that your	insurer may have a	a fourteen (14) d	lays clause wh	ereby the cl
t be made within th	e stipulated time	frame from the d	ay of occurrence	. Kindly check with	your insurer for	mote details.	11

# Incident Reporting for Car Chain Accident on 12th March 2021

At about 4.30PM on 12<sup>th</sup> March 2021, I was driving the car (Vehicle Number SKJ4696H, Mercedes Benz E250) on the first lane of PIE(Changi Airport). At about 300m before the BKE/Woodlands exit, the car in front of me (Vehicle Number SGD5595M, Mazda 5 sedan) suddenly came to a stop as a result of an accident that happened 100m in front of him. While emergency braking, I turned on my hazard light to alert the driver behind. I was able to brake the car in time as I was following the vehicle in front of me at a safe distance. The car directly behind me (Vehicle Number SLR3734J, Honda Vezel) crashed into me from behind and pushed my car into the car in front of me. Immediately after that, there was another impact caused by the last vehicle (Vehicle Number SLU3344K, Mazda 5 MPV) crashing into the car behind of me. The final impact was so strong that both the car I was driving and the car behind me were pushed together into a zig zag formation. The figures below give a graphical representation of the accident based on my perspective.























