

## 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 .....	13/04/2021 15:45 (SGT)
Date of Accident .....	13/04/2021 08:38 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	ALONG PIE TOWARDS TUAS BEFORE STEVENS ROAD EXIT
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDX6690U
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	NURHASLINDA BINTE RAMLI
NRIC No .....	SXXXX042I
Email Address .....	POCCOROSSO73@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-91000469
Alternative Phone No .....	+65-91000469

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	Q5
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
Transmission .....	Auto
CC .....	1984

#### INSURANCE COMPANY

Name of Insurance Company .....	AIG Asia Pacific Insurance Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	1800143031-01
Cover Note Number .....	-

#### DRIVER

Name of Driver .....	NURHASLINDA BINTE RAMLI
NRIC No .....	SXXXX042I

Date Of Birth .....	14/12/1975
Occupation .....	Outdoor
Date Of Driving Pass .....	02/12/2002
Driving experience .....	18 YEARS AND 4 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91000469
Alt. Phone Number .....	+65-91000469
Email Address .....	POCCOROSSO73@YAHOO.COM.SG
Address .....	BLK 18 MARINE TERRACE
Address complement .....	#09-112
Postcode .....	440018
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 .....	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

ON 13TH APRIL 2021, AROUND 8:30AM I WAS DRIVING ALONG PIE TOWARDS TUAS, WHEN I HAD TO BRAKE FEW TIMES BECAUSE OF SUDDEN STOPPING OF CARS. AT THE LAST BRAKE, THERE WAS A SUDDEN STANDSTILL OF CARS. I HAD TO BRAKE AND STOP MY CAR. THE CAR IN FRONT OF ME HAD ALSO STOPPED. WHILE ABOUT TO MOVE OFF, I FELT BANG BEHIND ME. THE CAR IN FRONT OF ME HAD MOVED ON. I HAD TO STEP OUT OF THE CAR AND I SAW 3 CARS BEHIND ME HAD CHAIN COLLISION.

THE CAR RIGHT BEHIND ME IS A TOYOTA SMT907A. HIS CAR HAD MINOR DENT ON THE CAR PLATE. MY CAR SDX6690U HAD MINOR DENT ON REAR SIDE.

THE 3RD CAR IS SJU5587L, THE LADY DRIVER WAS IN DISTRESS AND WAS CRYING. THE CAR SUFFERED THE WORST, BOTH FRONT AND BACK.

THE LAST CAR IS WHITE MAZDA SLZ3168B.

AFTER WE EXCHANGED PARTICULARS. I MOVED OFF FROM THE SCENE.

#### 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 .....	SMT907A
Vehicle Manufacturer .....	Toyota
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) .....	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SJU5587L
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 .....	SLZ3168B
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

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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' 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.

*Carol 13/4/20 3:10 PM*

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

### Sketch Plan

	<p>A: SDX 6690V</p> <p>B: SMY 907A</p> <p>C: SJU 5587L</p> <p>D: SLZ 3168B</p>
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## Describe Circumstances of the Accident

On 13th April 2021, around 8-30am, I was driving along PIE towards TAFE, when I had to ~~for~~ brake few times because of sudden stoppage of cars. ~~At~~ At the last brake, there was a sudden stand still of cars. I had to brake and stopping car. The car in front of me had also stopped. While about to move off, I felt bang behind me. The car in front of me had moved on. I had to step out of the car and I saw 3 cars behind me had chain collision.

The car to right behind me is a white Toyota 85MT 907A. This car had minor dent on the car plate. My car SPX 6690U had minor dent on rear side.

The 3rd car is SSU 5587L, the lady driver was in distress and was crying. The car suffered to move, both front and back.

The last car is white Mazda SL2 3168B.

After we exchanged particulars, I moved off from the scene.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Chenark 13/4/21  
3:10pm

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

Witnessed by Reporting Centre Personnel







































































































