

# 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 .....              | 01/07/2021 11:03 (SGT)      |
| Date of Accident .....                | 30/06/2021 18:56 (SGT)      |
| Exact Location of Accident .....      | PIE, Singapore              |
| Additional Location Information ..... | PIE CHANGI ROUND-EUNOS EXIT |
| Country/State of Loss .....           | Singapore                   |

## DETAILS OF OWN VEHICLE

|                                   |         |
|-----------------------------------|---------|
| Vehicle Registration Number ..... | SMS660R |
|-----------------------------------|---------|

### INSURED/POLICYHOLDER

|                                |                         |
|--------------------------------|-------------------------|
| Is company? .....              | No                      |
| Name Of Registered Owner ..... | TAN TECK SIONG, LEONARD |
| NRIC No .....                  | S9007581J               |
| Email Address .....            | CDXNARD@GMAIL.COM       |
| Mobile Phone No .....          | (Phone) +65-90920858    |
| Alternative Phone No .....     | +65-90920858            |

### VEHICLE PARTICULARS

|  |                           |
|--|---------------------------|
| Manufacturer .....   | Mitsubishi                |
| Model .....  | Outlander                 |
| 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 .....   | 1998                      |

### INSURANCE COMPANY

|                                 |                                      |
|---------------------------------|--------------------------------------|
| Name of Insurance Company ..... | AIG Asia Pacific Insurance Pte. Ltd. |
| Type of Coverage .....          | Comprehensive                        |
| Fleet Policy .....              | No                                   |
| Policy Number .....             | 2070010052                           |
| Cover Note Number .....         | -                                    |

### DRIVER

|                      |                         |
|----------------------|-------------------------|
| Name of Driver ..... | TAN TECK SIONG, LEONARD |
| NRIC No .....        | S9007581J               |

|  |                                    |
|--|------------------------------------|
| Date Of Birth .....  | 06/03/1990                         |
| Occupation .....   | Indoor                             |
| Date Of Driving Pass .....   | 16/11/2009                         |
| Driving experience .....   | 11 YEARS AND 7 MONTHS              |
| Gender .....   | Male                               |
| Mobile Number .....  | (Phone) +65-90920858               |
| Alt. Phone Number .....  | +65-90920858                       |
| Email Address .....  | CDXNARD@GMAIL.COM                  |
| Address .....  | BLK 212 TAMPINES STREET 23 #09-139 |
| Address complement .....   | -                                  |
| Postcode .....   | 520212                             |
| 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? .....  | No  |
| Was any injured conveyed to hospital by ambulance? .....  | -   |
| Was any other vehicle or property damaged? .....  | Yes |
| Number of Passengers (Including Driver) .....   | 4   |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? ..... | Yes |

#### PASSENGER 1

|              |              |
|--------------|--------------|
| Name .....   | TAN MIAO HUA |
| Gender ..... | Female       |

#### PASSENGER 2

|              |                 |
|--------------|-----------------|
| Name .....   | SEET KAILE ELON |
| Gender ..... | Male            |

#### PASSENGER 3

|              |                  |
|--------------|------------------|
| Name .....   | TAN RUI YANG,REX |
| 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 ATTACHMENT

#### 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 .....             | SMC6374L             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | TAN JIA SHENG        |
| Contact Number .....                          | (Phone) +65-90936412 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | 3RD CAR              |
| No. Of Passenger (Including Driver) .....     | -                    |

## DETAILS OF OTHER VEHICLE PROPERTY 2

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SKR632B              |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | LIM NGEE SIONG       |
| Contact Number .....                          | (Phone) +65-96276333 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | 4TH CAR              |
| No. Of Passenger (Including Driver) .....     | -                    |

## DETAILS OF OTHER VEHICLE PROPERTY 3

|   |                      |
|---|----------------------|
| Vehicle Registration Number .....             | SMC9108U             |
| Vehicle Manufacturer .....                    | -                    |
| Vehicle Model .....                           | -                    |
| Vehicle Variant .....                         | -                    |
| Vehicle Colour .....                          | -                    |
| Vehicle Category .....                        | Private car          |
| Name of Driver .....                          | SEAH SER HIAN        |
| Contact Number .....                          | (Phone) +65-90931163 |
| Address .....                                 | -                    |
| Address complement .....                      | -                    |
| Postcode .....                                | -                    |
| Insurance Company Name .....                  | -                    |
| Nature Of Damage .....                        | -                    |
| Details of property damaged in accident ..... | 5TH CAR              |
| No. Of Passenger (Including Driver) .....     | -                    |

## DETAILS OF OTHER VEHICLE PROPERTY 4

|                                   |                      |
|-----------------------------------|----------------------|
| Vehicle Registration Number ..... | SMH3236X             |
| Vehicle Manufacturer .....        | -                    |
| Vehicle Model .....               | -                    |
| Vehicle Variant .....             | -                    |
| Vehicle Colour .....              | -                    |
| Vehicle Category .....            | Private car          |
| Name of Driver .....              | PATTAWI ABOOBACKAR   |
| Contact Number .....              | (Phone) +65-81573786 |

|   |         |
|---|---------|
| Address .....                                 | -       |
| Address complement .....                      | -       |
| Postcode .....                                | -       |
| Insurance Company Name .....                  | -       |
| Nature Of Damage .....                        | -       |
| Details of property damaged in accident ..... | 1ST CAR |
| No. Of Passenger (Including Driver) .....     | -       |

# **SKETCH PLAN**

## **IMPORTANT NOTICE**

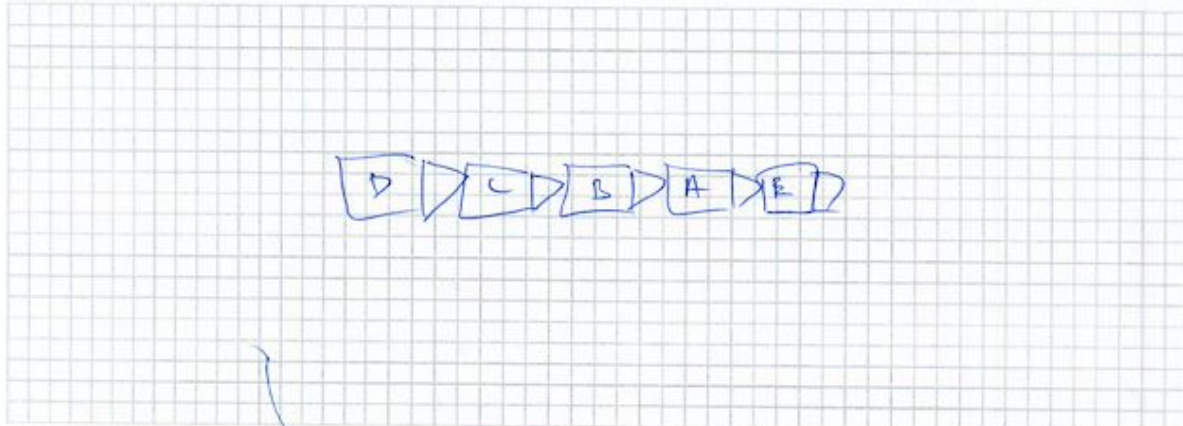
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## **Sketch Plan**





## Describe Circumstances of the Accident

The ~~vehicle~~ vehicle in front came to a stop along PIE-CHANGI ROAD, at Eunos Exit. I managed to brake in time to avoid a collision to the vehicle in front. However, after coming to a stop, there were cars bumping into mine from the back. As a result, pushing my car forward and touch onto the vehicle in front lightly.

## Declaration

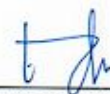
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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



Witnessed by Reporting Centre Personnel





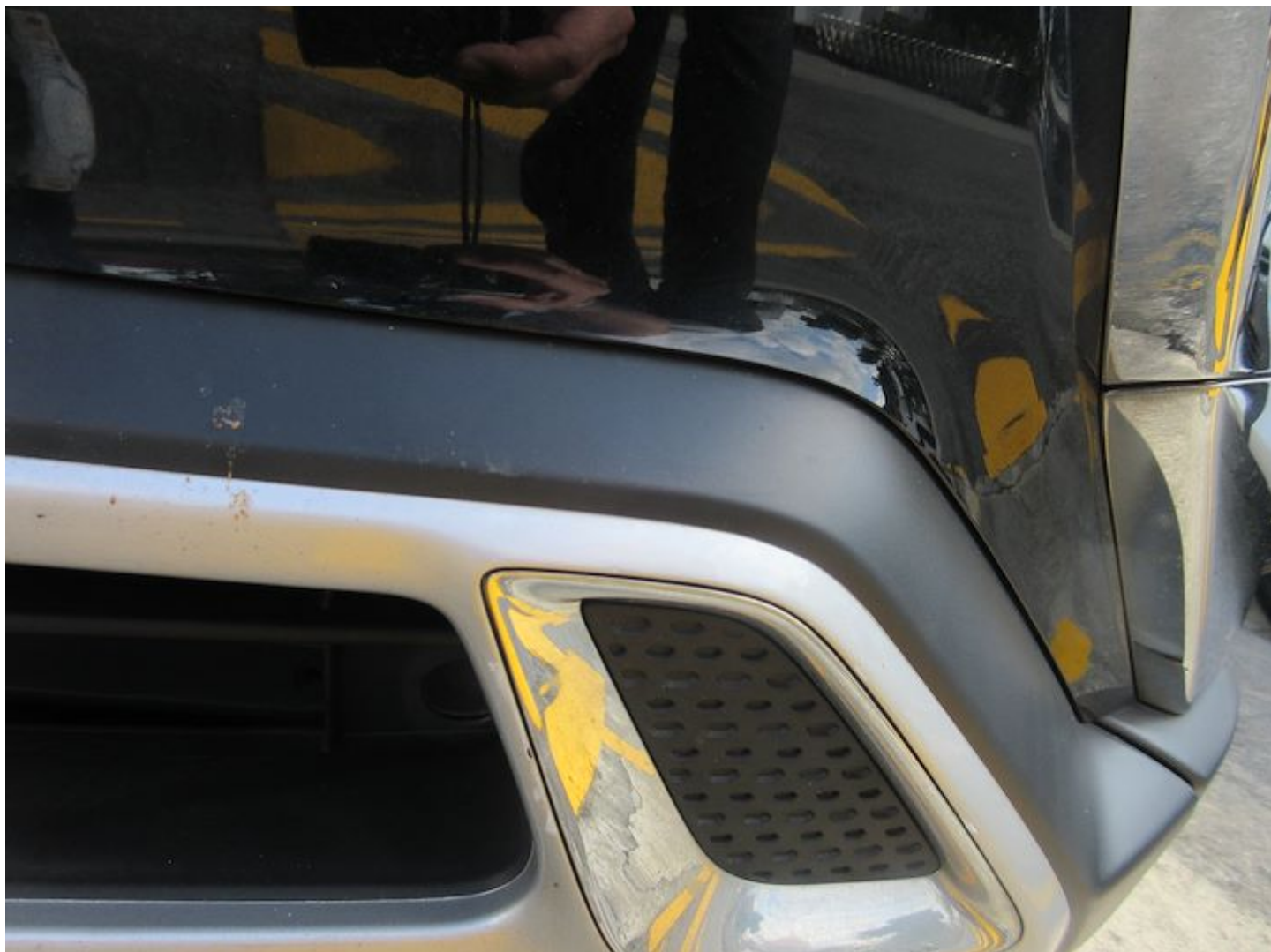






















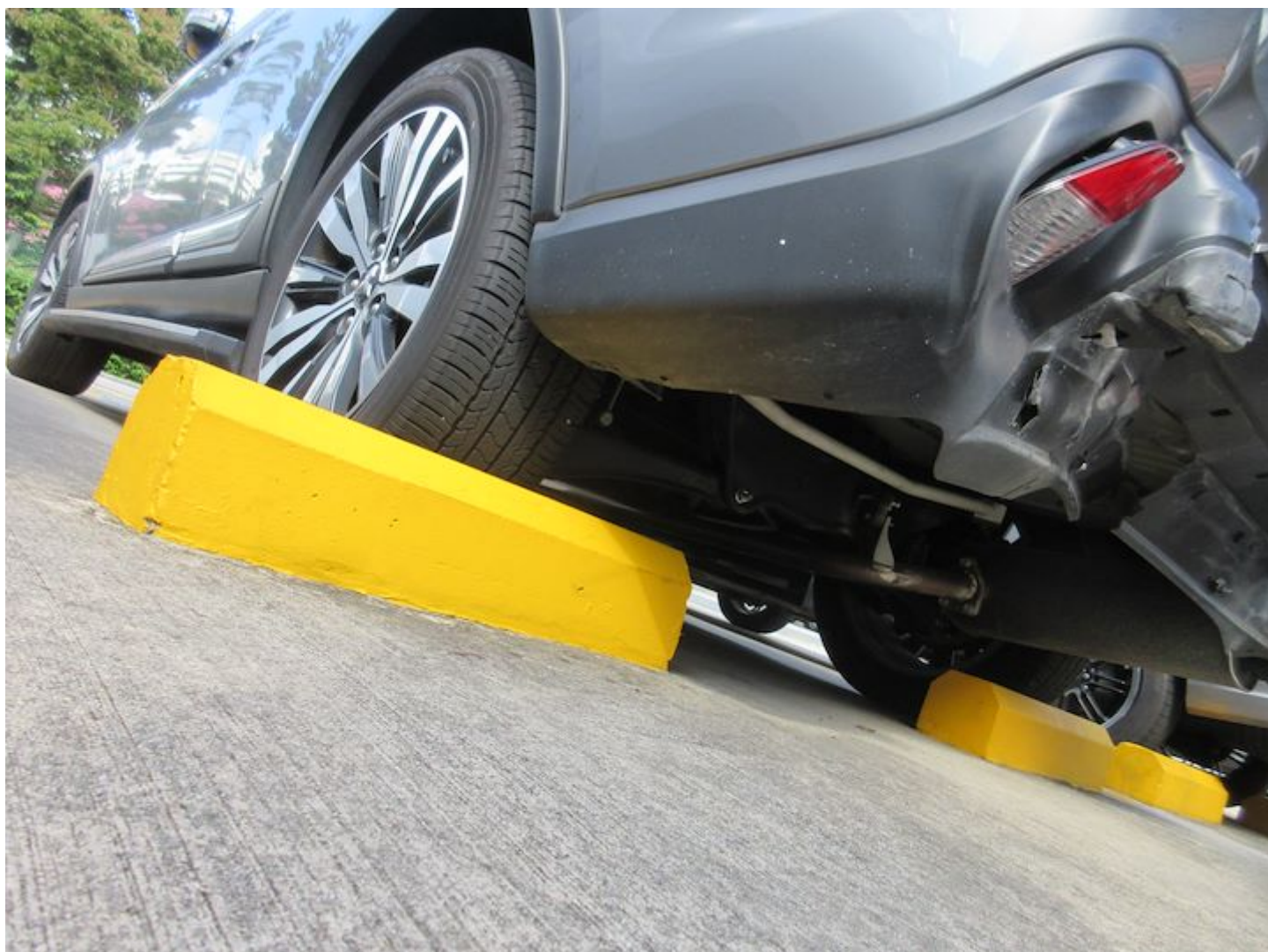


























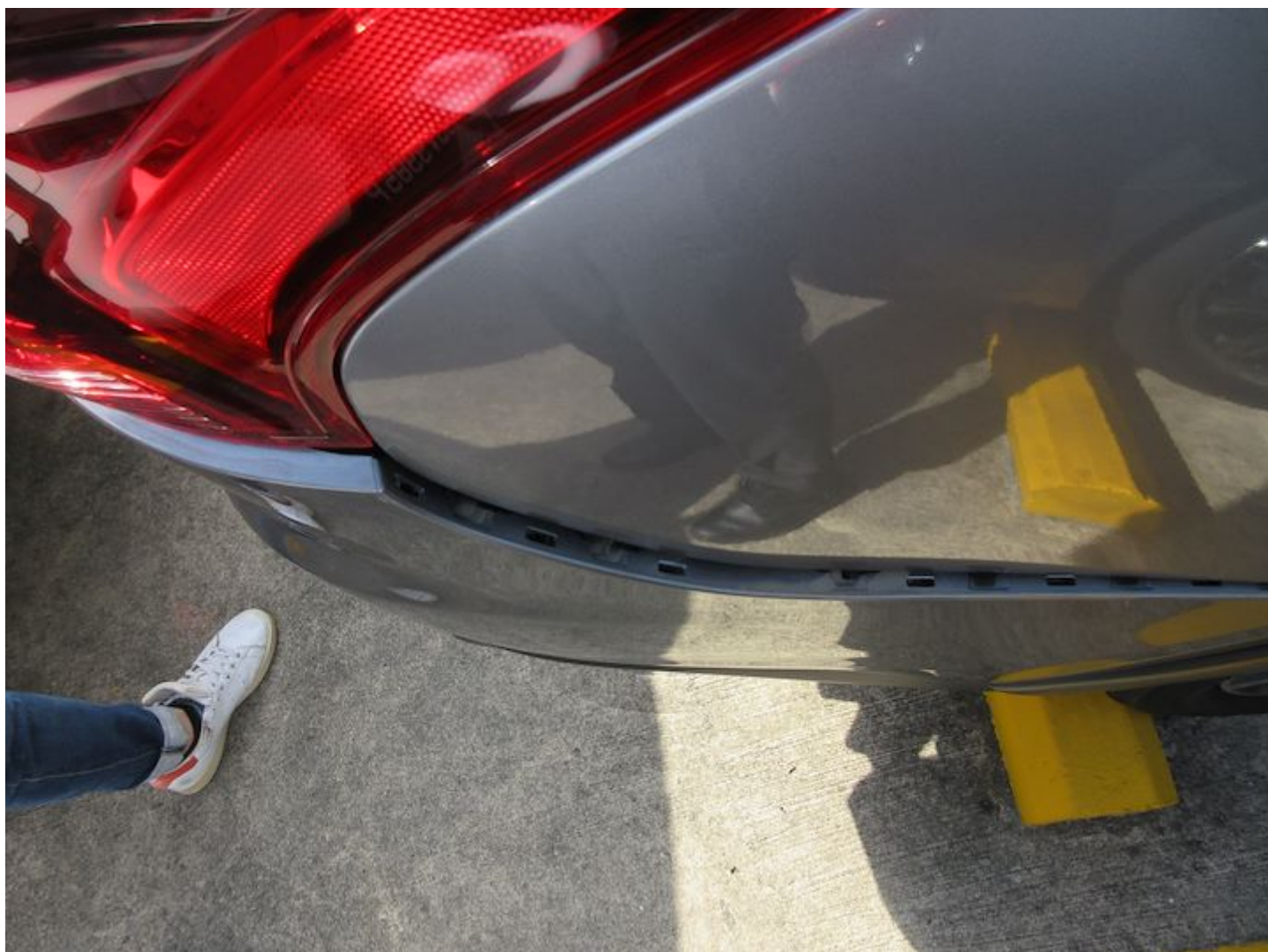








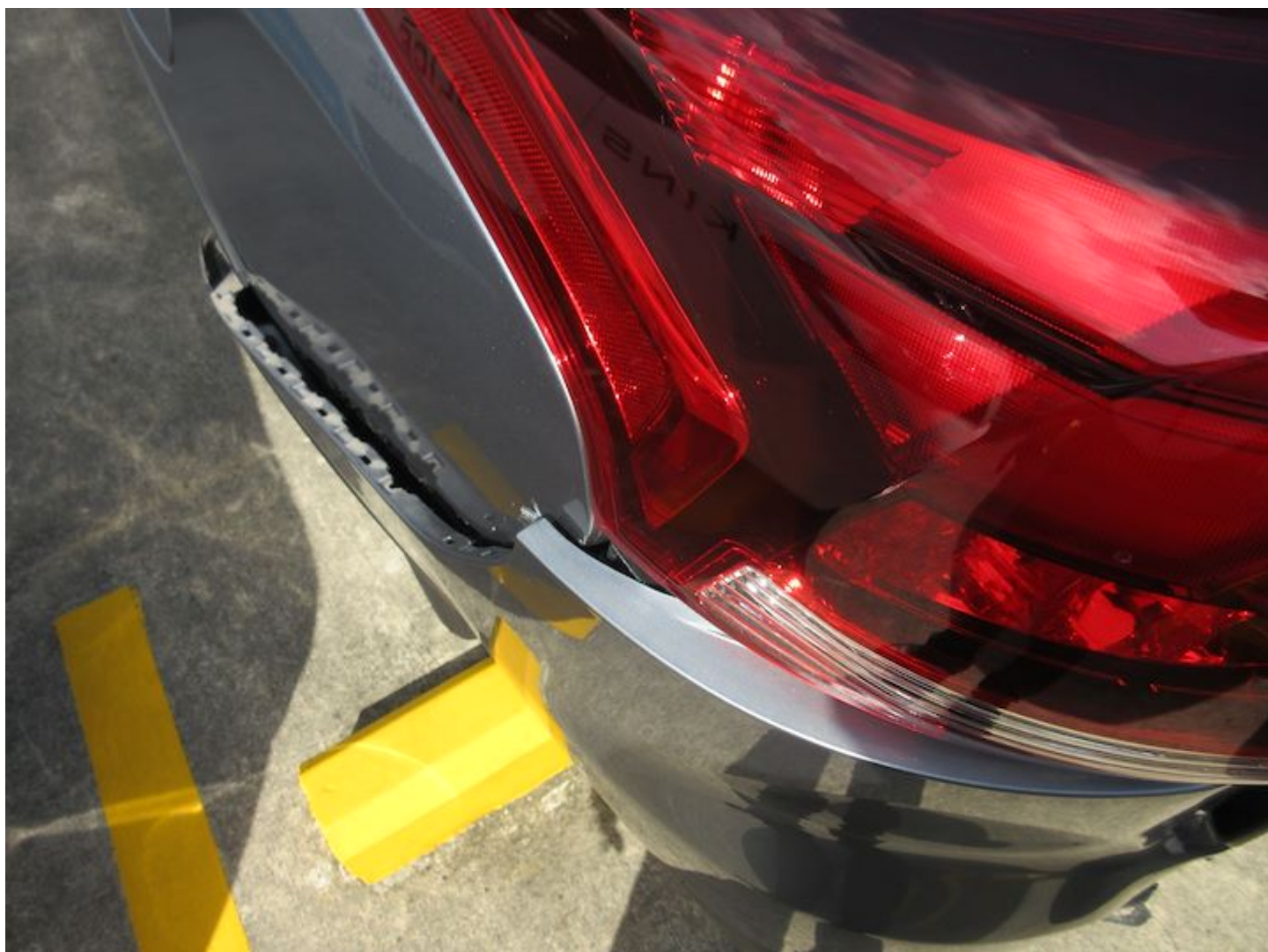






















**GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE**  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SC1A21710001 Vehicle Registration No: SMS660R  
Name (as shown in NRIC) : TAN TECK SIONG, LEONARD NRIC/FIN/Passport No : SXXXX581J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK. 212 TAMPINES ST. 23 # 09-139 Singapore( 520212)  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90920858  
Email Address : CDXNARD@GMAIL.COM  
Date of Accident : 30/06/21 Time of Accident : 18:56  
Place of Accident : PIE CHANGI ROUND - EUNOS EXIT  
Insurance Company : AIG

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

\* TO AMEND DETAILS ON 5TH CAR FROM UNKNOWN  
TO SMC9108W

\_\_\_\_\_  
Policyholder / Driver's Signature  
Date:

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name: LARRY SONGCHAI  
NRIC/FIN No.: SXXXX168I  
Date: 01/07/21