# **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 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.

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   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 19/07/2021 13:53 (SGT) Date of Accident 18/07/2021 11:20 (SGT) Exact Location of Accident CTE, Singapore Additional Location Information TWDS AYE BEFORE BRADDELL RD EXIT 10 Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Toyota

Vehicle Registration Number SJL3431M

### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHEW AH TEE** NRIC No. S1563820F Email Address aaron.chew.zj@gmail.com Mobile Phone No (Phone) +65-81261343 Alternative Phone No +65-81261343

### VEHICLE PARTICULARS

Manufacturer

Model Rav4 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 1987

### **INSURANCE COMPANY**

Name of Insurance Company Sompo Insurance Singapore Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number D21MTPV01001054 Cover Note Number

### DRIVER

Name of Driver CHEW ZHI JIE AARON NRIC No. S9539173G

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	30/10/1995 Indoor 08/09/2018 2 YEARS AND 10 MONTHS Male (Phone) +65-91285736 - aaron.chew.zj@gmail.com BLK 203 CHOA CHU KANG AVE 1 #10-31 - 680203 No Child No
Type of Accident Weather Conditions Road Surface	Chain Collision Clear Dry
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other vehicle or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?  PASSENGER 1  Name  Gender	No 4 Yes No Yes 2 No TAN XIU JING CHARMIAN Female
Was the accident reported to the police? Was notice of intended Prosecution given?	No No
If yes, against whom?  CIRCUMSTANCES OF ACCIDENT	-
LANES. THE TRAFFIC AT THAT POINT OF TIME WAS HEAVY. A STOPPING INTERMITTENTLY. AS THE CAR IN FRONT OF ME I SUDDENLY, I FELT A HUGE IMPACT FROM BEHIND. VEHICLE	EFORE BRADDELL ROAD EXIT 10 AT THE FOURTH LANE OF 6 ALL VEHICLES IN FRONT OF ME WERE MOVING SLOWLY AND HAD SLOWED DOWN AND STOPPED, I FOLLOWED SUIT. B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE AND ONTO VEHICLE C REAR PORTION. I ALIGHTED AND REALISED
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?  DETAILS OF OTHER	Yes No No

GBJ4500X

# Accident report SS1Y217J0008

Vehicle Registration Number
Vehicle Manufacturer

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGD6439A
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	VEHICLE C
No. Of Passenger (Including Driver)	-

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	GBJ1200G
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	_
Details of property damaged in accident	VEHICLE D
No. Of Passenger (Including Driver)	-

### **INJURED PERSONS DETAILS**

### INJURED 1

Name of injured person	CHEW ZHI JIE AARON
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL3431M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2



Name of injured person Address	TAN XIU JING CHARMIAN
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJL3431M
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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;
- (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	& Driver's Si & Time	Driver's Signature (if driver is not the policyholder) / Date & Time		Witnessed by Reporting Centre Personnel	
Sketch Plan		0.0201.019			
	X X				A: SJL3431M
		, //			B: GBJ 4500X
		1 /	9		C: SGID 6439A
8	QX I	/	A.		0: Get 1200 G
	8			CTE TOW	nds AYE by braddell fol LVM 10
1 1	D	/			A
d 1	9 9	9 9			47

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving straight along the CTE towards AYE b4 Braddell Rd Exit 10 at 4th lane of 6 lanes
The traffic at that point of time was heavy, all vehicles in front of me were moving slowly and stopping intermittently.
As the car in front of me had slowed down and stopped, I also followed suit.
Suddenly, I felt a huge impact from behind. Veh "b" collided into the rear portion of my vehicle and caused my vehicle to surge forward and collided into veh "c" rear portion.
I alighted and realized there were a total of 4 vehicles involved.
DECLARATION  I/We declare the foregoing particulars are true in every respect.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Policyholder's Signature

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



















