

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	30/08/2021 10:13 (SGT)
Date of Accident	29/08/2021 14:10 (SGT)
Exact Location of Accident	Near PIE, Singapore
Additional Location Information	2ND LEFT LANE ON PIE TOWARDS SLIP ROAD BKE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGW669S
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ANG HOCK SOON
NRIC No	SXXXX510F
Email Address	HOCKSOON_ANG@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-91711907
Alternative Phone No	(Office) +65-88788620

VEHICLE PARTICULARS

Manufacturer	Audi
Model	A5
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	1999

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA520064/1
Cover Note Number	-

DRIVER

Name of Driver	ANG HOCK SOON
NRIC No	SXXXX510F

Date Of Birth	15/07/1966
Occupation	Indoor
Date Of Driving Pass	11/10/1989
Driving experience	31 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91711907
Alt. Phone Number	(Office) +65-88788620
Email Address	HOCKSOON_ANG@YAHOO.COM.SG
Address	8 SUFFOLK WALK #16-11
Address complement	-
Postcode	307465
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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?	No

PASSENGER 1

Name	ANSON ANG
Gender	Male

PASSENGER 2

Name	HOWARD ANG
Gender	Male

PASSENGER 3

Name	ENDORA ANG
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

I WAS DRIVING ON PIE TOWARDS BKE AND MAINTAINING APPROXIMATELY 4 CAR LENGTHS FROM THE CAR INFRONT (REG: SKN 4416 D) WHICH SUDDENLY APPLIED HARD BRAKING TO BRING HIS VEHICLE TO A STANDSTILL ON THE HIGHWAY. THE ROAD AHEAD WAS CLEAR. THERE WAS NO INDICATION THAT THE DRIVER WAS GOING TO STOP. NO HAZARD OR SIGNAL LIGHTS. THIS PROMPTED EMERGENCY BRAKING ON MY END BUT STILL FAILED TO STOP IN TIME. AT THIS MOMENT, THE CAR BEHIND (REG: AMF 6316 P) KNOCKED INTO MY CAR.

ATTACHMENT(S)

Are accident photos available for attachment?	No
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Was there any video captured by Car Camera? Yes
Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMF6316P
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 2

Vehicle Registration Number SKN4416D
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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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.

Angus

30/8/21

Policyholder's Signature / Date & Time
9.16am.

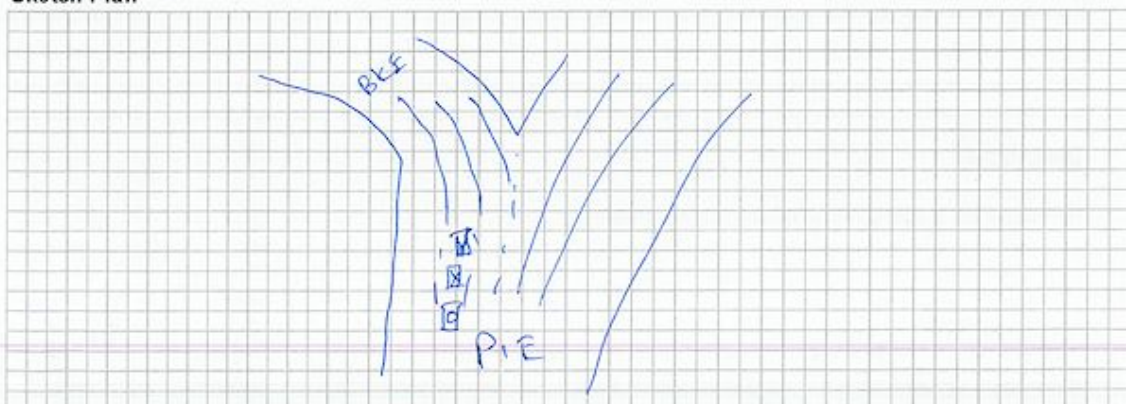
Driver's Signature (If driver is not the policyholder) / Date & Time



M. Zohy Kum.

Witnessed by Reporting Centre Personnel

Sketch Plan



- ☐ SNF 6316P
- ☒ SNF 669S
- ☒ SKN 4416D

I WAS DRIVING ON PLE TOWARDS BKE. THE CAR INFRONT (REG SEN 4416D) SLOWED DOWN AND SIMILARLY I ALSO SLOWED DOWN. SUDDENLY A CAR BEHIND HIT ME (REG SMF 6316P) HIT ME AND PUSH FORWARD. AND HIT THE CAR INFRONT.

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time 9:16am

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

Witnessed by Reporting Centre Personnel



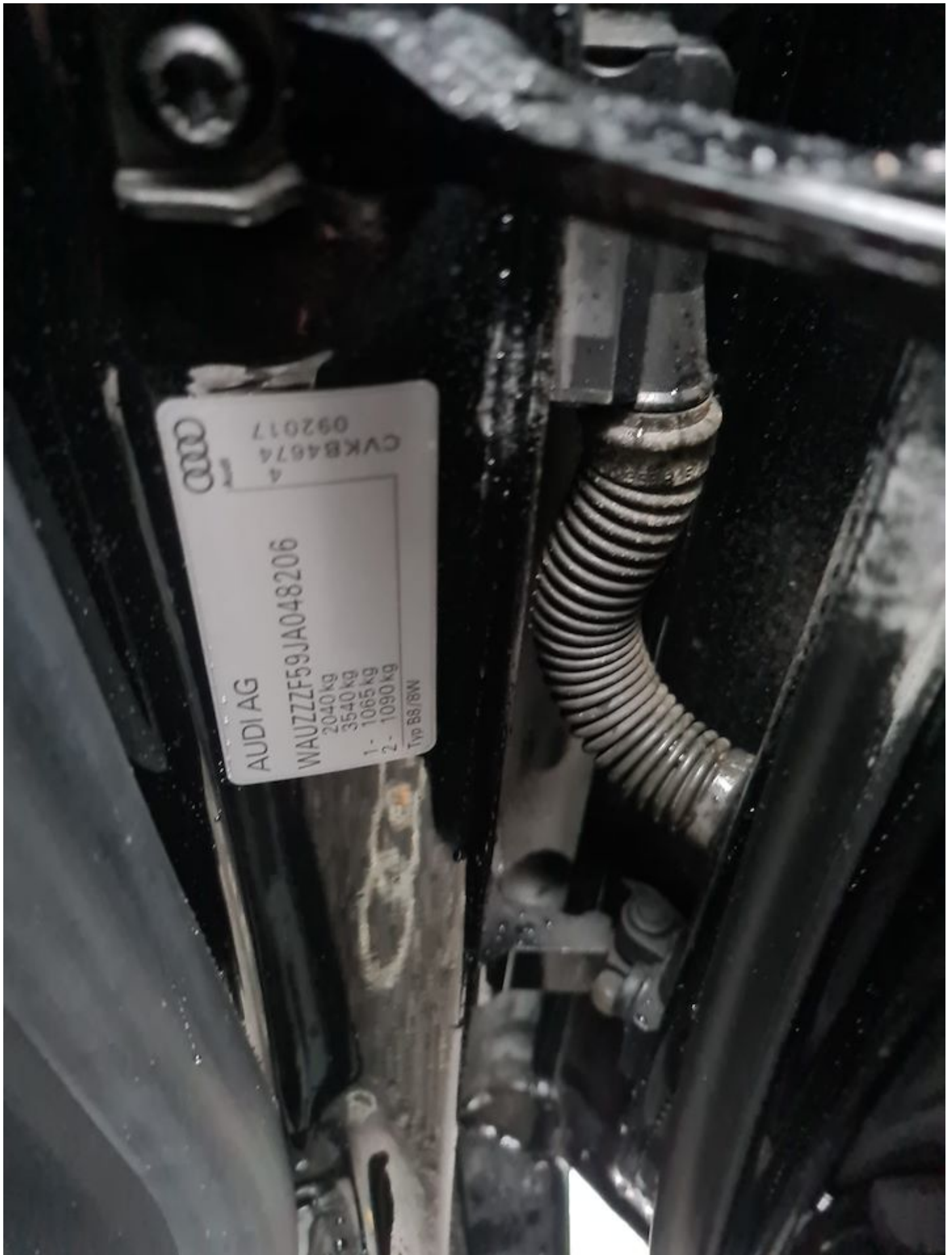


















































GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S565500206 / GST Reg. No.: M400017735

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 : SP0R218U0001 Vehicle Registration No: SGW669S
Name (as shown in NRIC) : Ang Hock Soon NRIC/FIN/Passport No : S1750510F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 8 Suffolk Walk #16-11 Singapore (307465)
Contact (Tel) : N.A. Mobile No. : 91711907
Email Address : hocksoon_ang@yahoo.com.sg
Date of Accident : 29 August 2021 Time of Accident : 14:10
Place of Accident : 2nd LEFT Lane on PIE towards slip road to BKE
Insurance Company : AXA Insurance Pte Ltd

(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:

This is an amendment to Report SP0R218U0001 made on 30 August at 10:13am.

I was driving on PIE towards BKE and maintaining approximately 4 car lengths from the car in front

(Reg: SKN4416D) which suddenly applied hard braking to bring his vehicle to a standstill on the high way.

The road ahead was clear. There was no indication that the driver was going to stop. No hazard or signal lights. This prompted emergency braking on my end but still failed to stop in time.

At this moment, the car behind (Reg: SMF6316P) knocked into my car.

August

Policyholder / Driver's Signature
Date: 30/8/2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

QIARMC Addendum Form 01