

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	02/09/2021 12:28 (SGT)
Date of Accident	01/09/2021 21:11 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	TWDS PIE (AFTER BALESTIER EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKC1297H
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LOH KOK MUN
NRIC No	S7837395D
Email Address	loh_kokmun@hotmail.com
Mobile Phone No	(Phone) +65-97911456
Alternative Phone No	+65-97911456

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cr-v
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	2000

INSURANCE COMPANY

Name of Insurance Company	India International Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	D19MPC0002063_02
Cover Note Number	-

DRIVER

Name of Driver	LOH KOK MUN
NRIC No	S7837395D

Date Of Birth	11/12/1978
Occupation	Indoor
Date Of Driving Pass	07/09/2004
Driving experience	17 YEARS
Gender	Male
Mobile Number	(Phone) +65-97911456
Alt. Phone Number	+65-97911456
Email Address	loh_kokmun@hotmail.com
Address	BLK 515B TAMPINES CENTRAL 7 #10-12
Address complement	-
Postcode	522515
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOANNE GOH
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

ON THE ABOVE MENTIONED DATE AND TIME, I WAS TRAVELLING ALONG CTE TOWARDS PIE (AFTER BALESTIER ROAD). TRAFFIC WAS HEAVY. WHILE I WAS TRAVELLING ON THE LANE 3, MY FRONT VEHICLE SLOWED DOWN AND STOP. HENCE, I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND I ALIGHTED FROM MY VEHICLE AND I REALISED I WAS BEING HIT FROM BEHIND AND I WAS IN A CHIAN COLLISION OF 3 VEHICLE INVOLVED. VEHICLE B HAD HIT ONTO THE REAR PORTION OF MY VEHICLE.

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	SGK4226Z
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 B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLL3255G
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)	-

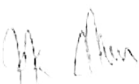
SKETCH PLAN

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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 the 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing traffic, regulators, law enforcement and government agencies as reasonably required for the purposes stated; and
 - (ii) for complying with requirements under any regulations, laws or court orders.

x 

Policyholder's Signature

Date & Time: 02 SEP 2021

x 

Driver's Signature

(If driver is not the policyholder)

Date & Time: 02 SEP 2021

Reporting Centre Personnel's Signature

Name:

NRIC/ID No.

ALPHA CAR

SKETCH PLAN

CTE towards Pie (after Bakstier Exit)



vehicle A:
SEC 1297H
vehicle B:
SEC 45262
vehicle C:
SEC 32586

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the above-mentioned date and time, I was travelling along CTE towards Pie (after Bakstier Road). Traffic was heavy. While I was travelling on the lane 3, my front vehicle slow down and stop hence I follow suit. Suddenly, I heard a loud bang from behind and I alighted from my vehicle and I realised I was being hit from behind and I was in a chain collision of 3 vehicle involved. Vehicle B had hit onto my rear portion of vehicle.

DECLARATION

I/We declare the foregoing particulars are true in every respect

[Signature]

Policyholder's Signature

Date & Time: 02 SEP 2021

[Signature]

Driver's Signature

(if driver is not the policyholder)

Date & Time: 02 SEP 2021

Reporting Centre Personnel's Signature

Name:

NRIC/ID No: