

SINGAPORE ACCIDENT STATEMENT

Accident Details

Date of Accident: 11/09/2021.

Time of Accident: 1:55 (AM / PM)

Location of Accident: Gambas Avenue.

Country/State of Loss: SG.

Type of Accident: Head to Rear

Weather Condition: Clear / Raining / Not in List

If Not in List, please specify _____

Road Surface: Dry / Wet / Not in List

If Not in List, please specify _____

Are you claiming under your own insurance policy for repair to your vehicle? Yes / No

If No, please state action to be taken Third Party / Reporting Only

Was any foreign vehicle involved in accident? Yes / No

If yes, please state Vehicle No: _____

Type of Vehicle: _____

No. of vehicles Involved in the accident (include own vehicle) 03

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Yes / No

Was the accident reported to the police? Yes / No

If yes, police station name: _____

Was notice of Prosecution given? Yes / No

If yes, against whom? _____

Details of Own Vehicle

Vehicle Registration No: SMS5400S.

Vehicle Category: Private.

Vehicle Manufacturer: BMW Vehicle Model: GT216

Transmission: Manual / Auto Cc: _____

No. of passengers (including driver) 03

Passenger Name: YONG SONG JUN ELROY

Gender: Male / Female

Passenger Name: YONG HUI EN TIFFANY

Gender: Male / Female

Passenger Name: _____

Gender: _____ Male / Female

Own Vehicle Policy

Handling Insurer: NTUC

Coverage Type: ACT / Comprehensive / Third Party / Third Party, Fire & Theft

Fleet Policy: Yes / No

Registered Owner Name: YONG CHOI KEAT

ID Type: UEN / NRIC / Passport or FIN / Work Permit

Registered Owner ID: S7801934D

Email: _____

Mobile No: 9798 8845

Alt. No Type: _____ Home / Office / Not in List

If Not in List, please specify _____

Owner Alt Phone No: _____

Driver's Information

Is the driver the policy holder? Yes / ☒ No

Name of Driver: TEO Weiwei, ESTHERINE.

Gender: Male / ☒ Female

ID Type: ☒ NRIC / Passport or FIN / Work Permit

Driver's ID: 882319076.

Date of Birth: 07/10/1982.

Driving Pass Date: 29/04/2010

Mobile No: 8288 8845.

Email: aestherine1@gmail.com.

Address 1: 762 Yishun St 72,

Address 2: #11-404 S(760762)

Postal Code: _____

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship spouse

Does Driver own other vehicles? Yes / ☒ No

If yes, please provide Vehicle Registration No: _____

Handling Insurer: _____

TP Vehicle or Property

Was there any other vehicle or property damaged? Yes / ☒ No

If yes, please provide:

- (i) Vehicle Registration No: GBD8576H → male driver
- (ii) Vehicle Category: SMX5246 U → male driver
- (iii) No. of passengers (including driver) _____

Passenger Name: _____

Gender: _____ Male / Female

Passenger Name _____

Gender: _____ Male / Female

Passenger Name _____

Gender: _____ Male / Female

Injured Person's Details

Was anyone injured in the accident? Yes / No

Any injured conveyed to hospital by Ambulance? Yes / No

If yes, please provide: _____

(i) Name: _____

(ii) Gender: _____ Male / Female

(iii) Injured Person in which Vehicle? _____

(iv) Full Address: _____

Witness Details

Was there any witnesses? Yes / No

If yes, please provide: _____

Witness Name: _____

Witness Contact: _____

Files

Are accident photos available for attachment? Yes / No

Was there any video captured? Yes / No

Was there any audio captured? Yes / No

SKETCH PLAN

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. The 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.

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.

h.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Vehicle A: SMC5400S
Vehicle B: GBD8576H
Vehicle C: SMX5246U



Grainbass Avenue

Describe Circumstances of the Accident

On the stated date & time, I, vehicle A, ems54005, was travelling straight along the stated route. Front vehicle made an abrupt brake and I immediately brake as well, coming to a complete stop. Moments later, vehicle B, GBDB576H, suddenly collide onto my vehicle's rear portion, and propelled my vehicle forward onto vehicle 'c'.

Declaration

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

l.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel