

# 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 ..... 27/09/2021 17:46 (SGT)  
Date of Accident ..... 26/09/2021 11:30 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... TWDS CHANGI BESIDE JALAN EUNOS EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGR6732D

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... NG WEI LIANG  
NRIC No ..... S8305231G  
Email Address ..... weifeng2310@gmail.com  
Mobile Phone No ..... (Phone) +65-83388842  
Alternative Phone No ..... +65-83388842

### VEHICLE PARTICULARS

Manufacturer ..... Mitsubishi  
Model ..... Lancer  
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 ..... Manual  
CC ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA162510  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG SEE CHUAN  
NRIC No ..... S0630523G

Date Of Birth .....	15/02/1952
Occupation .....	Indoor
Date Of Driving Pass .....	17/06/1975
Driving experience .....	46 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98190685
Alt. Phone Number .....	-
Email Address .....	weifeng2310@gmail.com
Address .....	BLK 111 LENGKONG TIGA #03-245
Address complement .....	-
Postcode .....	410111
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Parent
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 .....	4
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Kampong Kembangan Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18007489999
Alt. Police Station Phone No .....	(Fax) +65-67454676
Police Station Address .....	Blk 112 Lengkong Tiga #01-215 Singapore 410112
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210926/2028.

#### 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 .....	SLZ1742G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	PAUL S/O THANGAMUTHU
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 .....	SMQ2144L
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 .....	SLT8343K
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 D
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NG SEE CHUAN
Gender .....	Female
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SGR6732D
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(a) My insurer, my workmate 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 insurers 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/authorities (such as the police), for the purposes 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 making 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 to pass on the external cover of envelopes and packages) and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims;

collectively the **Purposes**;

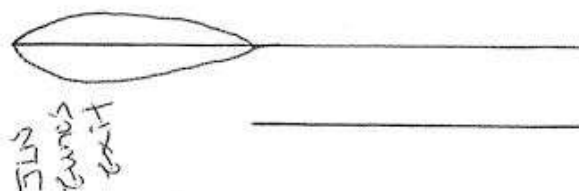
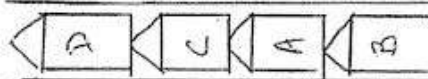
(b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, as may be permitted in respect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may also be disclosed by any of the Insurers' insurers/GIA to their third party service providers or agents (including their lawyers/law firms), which may be asked to assist of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Officer  
 Personnel:

PIC  $\rightarrow$  change

A SGR6732D  
B SLZ1742G  
C SMQ2144L  
D SLT8343K



Describe Circumstances of the Accident

My front car brake and stop and I follow to stop  
out of sudden behind car cannot stop in time and hit  
onto my car rear and push my car to hit onto my front  
car.

total 4 car

As police Report

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &  
Time



Owner's Signature (If driver is not the owner/Signer) / Date  
& Time

Witnessed by Reporting Centre  
Represent