

# 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 .....	21/10/2021 14:06 (SGT)
Date of Accident .....	20/10/2021 17:10 (SGT)
Exact Location of Accident .....	PIE, Singapore
Additional Location Information .....	PIE TOWARDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SJD1593J
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### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	R-TECH PTE LTD
Company Reg No .....	2XXXXX284C
Email Address .....	DESMONDFOO.RTECH@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96280923
Alternative Phone No .....	+65-91770006

### VEHICLE PARTICULARS

Manufacturer .....	Suzuki
Model .....	Vitara
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 .....	1995

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5069581732
Cover Note Number .....	-

### DRIVER

Name of Driver .....	FOO YONG SHENG ALOYSIUS
NRIC No .....	SXXXX943E

Date Of Birth .....	06/05/1991
Occupation .....	Indoor
Date Of Driving Pass .....	20/06/2012
Driving experience .....	9 YEARS AND 4 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91770006
Alt. Phone Number .....	-
Email Address .....	ALOYSIUSFOOYS@GMAIL.COM
Address .....	BLK 334 UBI AVE 1 #14-793
Address complement .....	-
Postcode .....	400334
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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) .....	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? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

I WAS DRIVING ON THE EXTREME RIGHT LANE, DUE TO TRAFFIC JAM AHEAD, THE CAR IN FRONT JAM ITS BRAKES SUDDENLY. HENCE, I SLOW MY CAR (A) AND APPLY THE BRAKES AS WELL. BOTH THE CAR IN FRONT AND MY CAR CAME TO A COMPLETE STOP. THEN SUDDENLY, THE CAR (B) BEHIND ME CRASHED INTO THE REAR OF MY CAR (A). FROM THE VIDEO, IT IS SEEN THAT (C) SPEEDED AND COULD NOT STOP IN TIME AND CRASHED INTO CAR (B) WHICH IN TURN CAUSED CAR (B) TO SURGE FORWARD AND HIT MY CAR (A) REAR . TOTAL 3 CARS WERE INVOLVED IN THIS ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE TOO LARGE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SMZ7834Z
Vehicle Manufacturer .....	Hyundai
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver .....	LYNETTE
Contact Number .....	(Phone) +65-96497270
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 .....	SLR2697P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private hire
Name of Driver .....	SHASHI
Contact Number .....	(Phone) +65-89509285
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.



Policyholder's Signature / Date & Time

*AE*

21/10/21

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



Witnessed by Reporting Centre Personnel

## Sketch Plan

Sketch Plan area with grid lines and handwritten notes:

PIE

→

Diagram showing vehicle positions A, B, and C with arrows indicating movement or direction.

A = SJD 1593J  
B = SMZ 7834Z  
C = SLR 2697P

## Describe Circumstances of the Accident

I was driving on the extreme right lane, due to traffic jam ahead, the car in front jam its brakes suddenly. Hence, I slow my car(A) and apply the brakes as ~~best~~ well. Both the car in front and my car came to a complete stop. Then suddenly, the car(B) behind me crashed into the rear of my car(A). From the video, It is seen that (C) speeded and could not stop in time and crashed into car (B) which in turn caused car ~~(B)~~ (B) to surge forward and hit my car (A) rear. Total 3 cars were involved in this accident.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

21/10/21

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

Witnessed by Reporting Centre Personnel

























