

SINGAPORE ACCIDENT STATEMENT

Accident Details

Date of Accident: 10/11/2021

Time of Accident: 08:25 (AM) / PM

Location of Accident: PIE (Changi), before Lomire.

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) 06

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: 8NA 5110 L

Vehicle Category: Private.

Vehicle Manufacturer: bmw Vehicle Model: 523i

Transmission: Manual / Auto Cc: _____

No. of passengers (including driver) 01

Passenger Name: _____

Gender: _____
Male / Female

Passenger Name: _____

Gender: _____
Male / Female

Passenger Name: _____

Gender: _____
Male / Female

Own Vehicle Policy

Handling Insurer: NTNL

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

Fleet Policy: Yes / No

Registered Owner Name: Ryan Tia Yon-Jie.

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

Registered Owner ID: 89624247F.

Email: ryantra@live.com

Mobile No: 9619 7380.

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: Ethan Tia You-ze

Gender: ☒ Male / Female

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

Driver's ID: T0020672A.

Date of Birth: 19/05/2000

Driving Pass Date: _____

Mobile No: 9776 5549

Email: _____

Address 1: 50 TON TUCK ROAD

Address 2: #06-08 S(596741).

Postal Code: _____

Occupation: ☒ Indoor / Outdoor

Driver Owner Relationship sibling.

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: ② JTL8023A → 01 male driver

(ii) Vehicle Category: ③ KIA (BLACK) → unknown

(iii) No. of passengers (including driver) ④ SMT1722J → 01 male

⑤ SLN4445H → unknown.

⑥ SLE183L → 01 male 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

IMPORTANT NOTICE

- 8. Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree 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.

Describe Circumstances of the Accident

On the stated date & time, I, vehicle X, JNR 511DL, was travelling on the extreme right lane along the stated venue. From vehicle made an abrupt brake and I immediately brake as well. About 2-3 seconds later, I felt a huge impact on my vehicle's rear portion, in which propelled my vehicle forward and hit onto the front vehicle. Shortly, it was followed by a second impact.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel