

# 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 ..... 25/11/2021 15:30 (SGT)  
Date of Accident ..... 25/11/2021 07:50 (SGT)  
Exact Location of Accident ..... Near PIE, Singapore  
Additional Location Information ..... ALONG PIE BEFORE EXIT TO CLEMENTI ROAD &  
WOODLANDS  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKU8789P

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... SENG KOK ANN, IVAN  
NRIC No ..... S8710998D  
Email Address ..... SENG.IVAN@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-90681101  
Alternative Phone No ..... +65-93890458

### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A3  
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 ..... 999

### INSURANCE COMPANY

Name of Insurance Company ..... AIG Asia Pacific Insurance Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 1800152116-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... SENG KOK ANN, IVAN

NRIC No .....	S8710998D
Date Of Birth .....	29/04/1987
Occupation .....	Indoor
Date Of Driving Pass .....	29/06/2013
Driving experience .....	8 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90681101
Alt. Phone Number .....	+65-93890458
Email Address .....	SENG.IVAN@GMAIL.COM
Address .....	BLK 455B ANG MO KIO ST 44
Address complement .....	#18-15
Postcode .....	562455
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 .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
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 .....	SOH KOK LEONG
Gender .....	Male

#### 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

ACCIDENT OCCURED AT ABOUT 0750 ALONG PIE JUST BEFORE EXIT TO CLEMENTI ROAD / WOODLANDS. I WAS TRAVELLING ON THE RIGHTMOST LANE WHEN THE BLUE SG (SMU 2404 E) VEHICLE IN FRONT OF ME STOPPED ABRUPTLY IN FRONT OF ME. THERE WAS ABOUT 30-50 M SEPARATION AND I MANAGED TO BREAK MY CAR IN TIME WITH ABOUT 1 M CLEARANCE. SHORTLY AFTER, THERE WERE TWO CONSECUTIVE COLLISION FROM MY REAR AND THE VEHICLE MOVED FORWARD NO COLLIDED WITH THE FRONT VEHICLE. AT THE POINT OF TIME, THERE WAS ANOTHER PASSENGER WITH ME(SOH KOK LEONG) AND THE BOTH OF US WERE FINE. UPON CHECKING WITH THE DRIVERS FROM THE FRONT AND BACK VEHICLES, THEY INDICATED THAT THEY WERE FINE WITHOUT ANY INJURIES. THERE WAS ALSO A PASSENGER IN THE BACK VEHICLE WHO IS ALRIGHT AS WELL. AFTER CHECKING WITH JESLYN (BACK VEHICLE DRIVER) , SHE SHARED THAT SHE MANAGED TO BREAK IN TIME BUT THE SECOND REAR VEHICLE REAR ENDED HER WHICH RESULTED HER VEHICLE TO MOVE FORWARD AND COLLIDED WITH MINE. MY DASH CAMERA WAS NOT SWITCHED ON DURING THE ACCIDENT AS I WORK AT A SENSITIVE WORKPLACE WHICH DOES NOT PERMIT IT TO BE SWITCHED ON. I THEREFORE LEFT IT OFF FOR CONVENIENCE. NEVERTHELESS, I HAVE TAKEN PHOTOS OF THE VEHICLES AT THE ACCIDENT SIDE.

#### 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 .....	SMD2404E
Vehicle Manufacturer .....	Bluecar
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	NA / Unknown
Name of Driver .....	MUHAMMAD ZUHAIRI BIN ZAIRUDDIN
NRIC No .....	S8710998D
Contact Number .....	(Phone) +65-93695636
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMU9020T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Fit
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	JESLYN WOON SOOK XING
Contact Number .....	(Phone) +65-98294327
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

## 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 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.

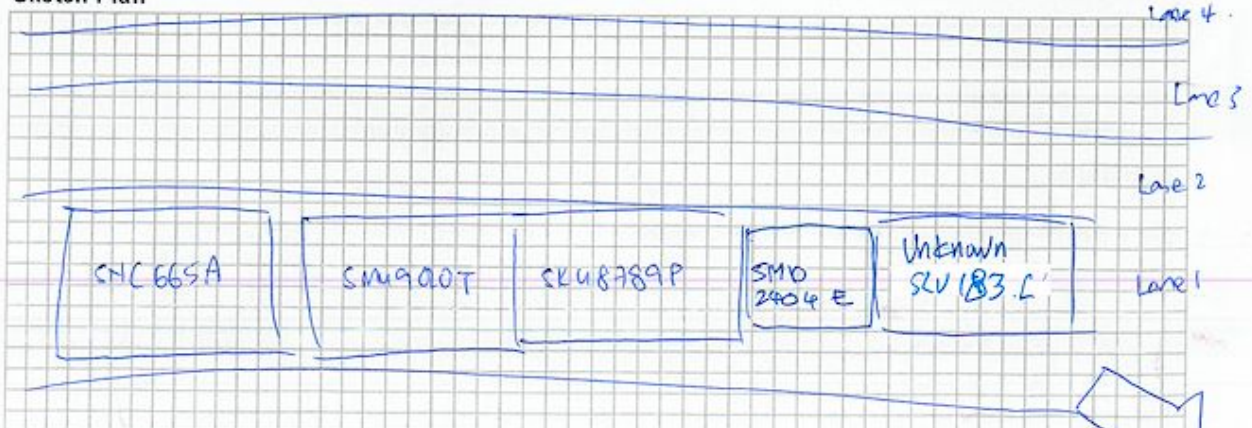


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

## Sketch Plan





**Describe Circumstances of the Accident :**


Accident occurred at about 07:50am along PIE just before the exit to Clementi Road/Woodlands.  
 I was traveling on the rightmost lane when the silver vehicle in front of me stopped abruptly  
 in front of me. There was about 30-50m separation and I managed to break my car in time with  
 about 1m clearance. Shortly after, there were two consecutive collisions from my rear and the  
 vehicle moved forward and collided with the front vehicle. At the point of time, there was  
 another passenger with me (Soh Kok Leong) and both of us were fine. Upon checking with the  
 drivers from the front and back vehicles, they indicated that they were fine without any injuries.  
 There was also a passenger in the back vehicle who is alright as well. After checking with Jeshyn  
 (back vehicle driver), she shared that she managed to break in time but the second car vehicle  
 rear ended her which resulted her vehicle to move forward and collide with mine - My dash camera  
 was not switched on during the accident as I work at a sensitive workplace which does not permit it  
 to be switched on. I therefore left it off for convenience. Nonetheless, I have taken photos of the  
 vehicles at the accident site.

**Declaration**

We declare the foregoing particulars are true in every respect.

 25/11/21  
 07:10am  
 Policyholder's Signature / Date & Time

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

  
 Witnessed by Reporting Centre Personnel































































