# **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 witholding 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.

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   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 10/12/2021 12:51 (SGT) Date of Accident 10/12/2021 11:00 (SGT) Exact Location of Accident Singapore Additional Location Information ENTRANCE OF KPE TUNNEL AFTER TAMPINES ROAD Country/State of Loss Singapore

### **DETAILS OF OWN VEHICLE**

Private use

Vehicle Registration Number SKT1311K

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner **CHOW KIT LEON CLIFFORD** NRIC No S7539633C Email Address clifchow@gmail.com Mobile Phone No (Phone) +65-96272754 Alternative Phone No +65-96272754

VEHICLE PARTICULARS

Manufacturer Volkswagen Model Golf Variant Golf Life 1.5 eTSI 110kW DSG

Exact purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party

Vehicle Category Private car Transmission Auto CC 1500

**INSURANCE COMPANY** 

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number P2456364 Cover Note Number

DRIVER

Name of Driver **CHOW KIT LEON CLIFFORD** NRIC No S7539633C

Date Of Birth 06/12/1975 Occupation Indoor Date Of Driving Pass 22/08/1995 Driving experience 26 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-96272754 Alt. Phone Number +65-96272754 Email Address clifchow@gmail.com Address BLK 144 PASIR RIS ST 11 Address complement #07-91 Postcode 510144 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name LOO AI LENG Gender Female 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 REFER TO SKETCH PLAN ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SLH6271K Vehicle Manufacturer

Private car

Accident report SV0N21CA0002
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Vehicle Variant
Vehicle Colour
Vehicle Category

Vehicle Model

Name of Driver	WONG DING JIE
NRIC No	S9045810H
Contact Number	(Phone) +65-84288885
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR 1
No. Of Passenger (Including Driver)	-

## DETAILS OF OTHER VEHICLE PROPERTY 2

SLJ3400P - -
-
-
Private car
ONG SWEE HUAT
S7113321D
(Phone) +65-89225009
-
-
-
-
-
CAR 4
-

## **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number	SGP1905R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAN KIAN HUAT
NRIC No	S7013944H
Contact Number	(Phone) +65-93666461
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	CAR 5
No. Of Passenger (Including Driver)	-

## **DETAILS OF OTHER VEHICLE PROPERTY 4**

Vehicle Registration Number	SJY6750D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	TAN THIAM TENG
NRIC No	S1751367B
Contact Number	(Phone) +65-93867972
Address	<del>-</del>
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-

Details of property damaged in accident CAR 3

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

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- 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

TEMPINES RO - SOUTH BOUND

DIRECTON OR THEFIC

SHI 905R SI53400 CHMV COLLISION 500

FKT ISHIN FUNGTZ

LANE 1

CANSED BY

Describe Circumstances of the Accident
DRIVING ON KRE, SOUTH-BOUND AFTER TAMPINGS ROEKIT DIN CANE ONE.
&T APPROX 11:00Am, LODEC 2021.
ENTERED REE TUNNEL, AND SHORTLY AFTER, SAW THAT FIRST CAR INVOLUE SLH 6271K HAD STOPPED. APPLIED BRANTES, AND STOPPED. CHECKED MIRROR AND OBSERVED THAT CAR (3) STY 6750D, HAD STOPPED. IN-TIME, AND ALSO BY CAR (9) SLJ 3400P, HAD STOPPED.
SLH 6271K HAD SEROPER APPLIED BRANTES, AWP STOPPED, CHECKED
WILLIAM AND ORSERVED THAT CARGO STY 6750D. HAD STOPED
MINOCON AND BESCHOOL (MAY SAR SON HAR STROPER
IN-TIME, AND ALSO SO CAR (4) SCOP, FIRE SCOTTES.
SHOPPLY AFTER, CAR(G) SGP 1905 R. CONTACTED CAR (D), AND CAUSED CHAIN COLLISION, CAUSING MY VEHICLE SITTISIIK TO COLLIDG WITH CAR(I) SEN SCH 6271 K, AT IT'S REAR.
CAUSED CHAIN COLLISION, CAUSING MY VEHICLE SITTISTIK TO
COLUDE WITH CAR(1) SET SCH 6271K, AT IT'S REAR

## Declaration

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

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel



















































