

# 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 ..... 24/12/2021 13:11 (SGT)  
Date of Accident ..... 24/12/2021 07:35 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... SLE TWDS BKE(KJE/PIE)AFT WOODLANDS AVE 2 EXIT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBK2426K

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ATREX ENGINEERING PTE LTD  
Company Reg No ..... 2XXXXX483G  
Email Address ..... andre@atrex.com.sg  
Mobile Phone No ..... (Phone) +65-93872659  
Alternative Phone No ..... +65-93872659

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Dyna  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... China Taiping Insurance (Singapore) Pte. Ltd.  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... DMCVSNW00018012100  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... NG HWEE CHUAH  
NRIC No ..... SXXXX736D

Date Of Birth .....	30/01/1969
Occupation .....	Outdoor
Date Of Driving Pass .....	20/10/1987
Driving experience .....	34 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93872659
Alt. Phone Number .....	-
Email Address .....	andre@atrex.com.sg
Address .....	BLK 83 LORONG 2 TOA PAYOH
Address complement .....	#05-449
Postcode .....	310083
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	DIRECTOR
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) .....	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	JAGANATHAN MANIMARAN
Gender .....	Male

#### PASSENGER 2

Name .....	MIJAN
Gender .....	Male

#### PASSENGER 3

Name .....	ISLAM SAIFUL
Gender .....	Male

#### PASSENGER 4

Name .....	MIAH SHOHEL
Gender .....	Male

#### PASSENGER 5

Name .....	ISLAM RAFIKUL
Gender .....	Male

#### PASSENGER 6

Name .....	FARID SHEIKH
Gender .....	Male

#### PASSENGER 7

Name .....	RAHMAN SHOHIDUR
Gender .....	Male

#### PASSENGER 8

Name .....	DURAI VIVEKANANDAN
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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

PLS REFER TO THE ATTACHED STATEMENT.

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 ..... SMM5665B  
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 ..... -  
No. Of Passenger (Including Driver) ..... -

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SMQ5876M  
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 ..... -  
No. Of Passenger (Including Driver) ..... -

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SLK467L  
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 ..... -  
 No. Of Passenger (Including Driver) ..... -

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person ..... NG HWEE CHUAH  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBK2426K  
 Were seat belts worn? ..... Yes  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 2

Name of injured person ..... ISLAM RAFIKUL  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBK2426K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 3

Name of injured person ..... FARID SHEIKH  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBK2426K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 4

Name of injured person ..... RAHMAN SHOHDUR  
 Gender ..... Male  
 Phone No ..... -  
 Address ..... -  
 Address Complement ..... -  
 Post Code ..... -  
 Approximate Age Years Old ..... -  
 Injuries Sustained ..... SLIGHT  
 Injured person in which vehicle? ..... GBK2426K  
 Were seat belts worn? ..... -  
 Was this injured conveyed to hospital by ambulance? ..... No

### INJURED 5

Name of injured person .....	DURAI VIVEKANANDAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK2426K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 6

Name of injured person .....	JAGANATHAN MANIMARAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK2426K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 7

Name of injured person .....	MIJAN
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK2426K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 8

Name of injured person .....	ISLAM SAIFUL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK2426K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

INJURED 9

Name of injured person .....	MIAH SHOHEL
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	SLIGHT
Injured person in which vehicle? .....	GBK2426K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

**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.



*[Handwritten Signature]*

Policyholder's Signature / Date & Time

*[Handwritten Signature]*

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

*[Handwritten Signature]* 24/12/21  
Witnessed by Reporting Centre Personnel

**Sketch Plan**



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was driving straight along SLE towards BKE(KJE/PIE) after Woodlands Ave 2 exit at the center lane of 3 lanes.

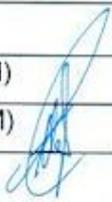
As vehicles in front of me slowed down and stopped, I followed suit.

Suddenly, I felt a huge Impact from behind. Vehicle "b" collided into the rear portion of my vehicle and caused damage.

I alighted and realized that there were a total of 4 vehicles involved.

Passenger name as following:-

1. ISLAM RAFIKUL (M)
2. FARID SHEIKH (M)
3. RAHMAN SHOHIDUR (M)
4. DURAI VIVEKANANDAN (M)
5. JAGANATHAN MANIMARAN (M)
6. MIJAN (M)
7. ISLAM SAIFUL (M)
8. MIAH SHOHEL (M)



**DECLARATION**

I/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:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*Signature* 24/12/21















