

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 17/01/2022 19:28 (SGT)
Date of Accident 17/01/2022 08:38 (SGT)
Exact Location of Accident ECP, Singapore
Additional Location Information AT MARINE PARADE , ALONG ECP HIGHWAY, DIRECTION
TOWARDS TOWN
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFR111Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner VINCENT CHIUN TZE YEN
NRIC No S1588809A
Email Address CTGMT.SNAP@GMAIL.COM
Mobile Phone No (Phone) +65-97956065
Alternative Phone No (Office) +65-97956065

VEHICLE PARTICULARS

Manufacturer BMW
Model X3
Variant X3 SDRIVE20I
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 2000

INSURANCE COMPANY

Name of Insurance Company Allianz Insurance Singapore Pte. Ltd.
Type of Coverage Comprehensive
Fleet Policy No
Policy Number SP2000587967
Cover Note Number -

DRIVER

Name of Driver VINCENT CHIUN TZE YEN

NRIC No	S1588809A
Date Of Birth	08/04/1963
Occupation	Indoor
Date Of Driving Pass	28/09/1988
Driving experience	33 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97956065
Alt. Phone Number	(Office) +65-97956065
Email Address	CTGMT.SNAP@GMAIL.COM
Address	109 PASIR RIS STREET 11
Address complement	#05-601
Postcode	510109
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	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)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	KRISTY CHIN
Gender	Female

PASSENGER 2

Name	CAO YING YING
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

PLEASE REFER TO THE SKETCH PLAN & ACCIDENT STATEMENT.

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	SCL9339R
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Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LAW LEONG TECK LOUIS
NRIC No	S7033312J
Contact Number	(Phone) +65-97555775
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	SMX9682S
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	LIONG KWOK YEAN
NRIC No	S7702322D
Contact Number	(Phone) +65-92251750
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

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

17/1/2022 @ 1530

A-SFR111Y
B-SMX9682S
C-SCL9339R

↑↑

Describe Circumstances of the Accident

The accident happened on 17 January 2022, at around 8.38am. It occurred at Marine Parade along the ECP Highway, in the direction going towards town. I was in the car, along with my daughter and her friend.

I was travelling on lane 1, and my travelling speed was around 70km/h, following the traffic situation at the time.

Suddenly, the car in front of me, BMW SCL9339R, jam-braked. Immediately, my reaction was to ~~also~~ also follow suit so I jam-braked.

Then, the car behind me, BMW SMX9682S, banged on my car from the rear, causing our car to be pushed forward and hit the car in front.

All 3 drivers involved exchanged our particulars. There were no injuries sustained to the people in all 3 cars. ~~I have attached~~ I have sent the relevant videos to your employer, including the front and rear car video.

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

17/1/2022 @ 1530



























































