

SINGAPORE ACCIDENT STATEMENT

Accident Date: 18/1/2022	Time: 19:10hrs	(hh:mm) 24 hr format
Location Upper Thomson Rd (Near LP 240)		
Vehicle Number GW976E		
Insured Name Doctor Gearbox Autos Specialist		
NRIC /FIN 933093506	Contact Number	-
Make Toyota	Model Liteace	
Are you claiming under your own insurance policy for repair to your vehicle?		
() Yes If No, Pls select: (<input checked="" type="checkbox"/>) Third Party () Reporting		
Insurance Company NTUC		
Type of Policy () Comprehensive () Third Party Fire & Theft () TP Only		
Policy Number		
Name of Driver Leo Meng Liang	() Same as Insured	
NRIC /FIN S7167513J	Contact Number	9869 8858
Date of Birth 29/8/1971		
Driving Pass Date 7 May 1999		
Occupation () Indoor (<input checked="" type="checkbox"/>) Outdoor		
Gender (<input checked="" type="checkbox"/>) Male () Female		
Email Address abc8627e@gmail.com	() NO EMAIL	
Address of Driver Blk 720 Bedok Reservoir Rd #04-4686		
() 470720		
Was driver an employee of the Insured's Company? () Yes (<input checked="" type="checkbox"/>) No		
If No, Relationship of the Driver with the Insured		
(<input checked="" type="checkbox"/>) Owner () Spouse () Friend () Relative () Children () Sibling		
Does the Driver Own Any Other Vehicle? () Yes (<input checked="" type="checkbox"/>) No		
If Yes, Vehicle Registration Number of Driver's Own Vehicle		
Insurance Company of Driver's Own Vehicle		
Weather Conditions (<input checked="" type="checkbox"/>) Clear () Raining () Others		
Road Surface (<input checked="" type="checkbox"/>) Dry () Wet () Others		
Was any foreign vehicle involved in this accident? () Yes (<input checked="" type="checkbox"/>) No		
Was anybody injured in the accident? (<input checked="" type="checkbox"/>) Yes () No		
If yes, injured detail		
Was there any video captured by Car Camera? () Yes (<input checked="" type="checkbox"/>) No		
Was the Accident reported to the Police? () Yes (<input checked="" type="checkbox"/>) No If yes attach police report		
DETAILS OF 3 rd party	Name / Nric	Contact
Veh B SKP9210L		
Veh C GBA3559G		
Veh D		
Veh E		
Veh F		

Driver only

SKETCH PLAN

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. 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.
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.



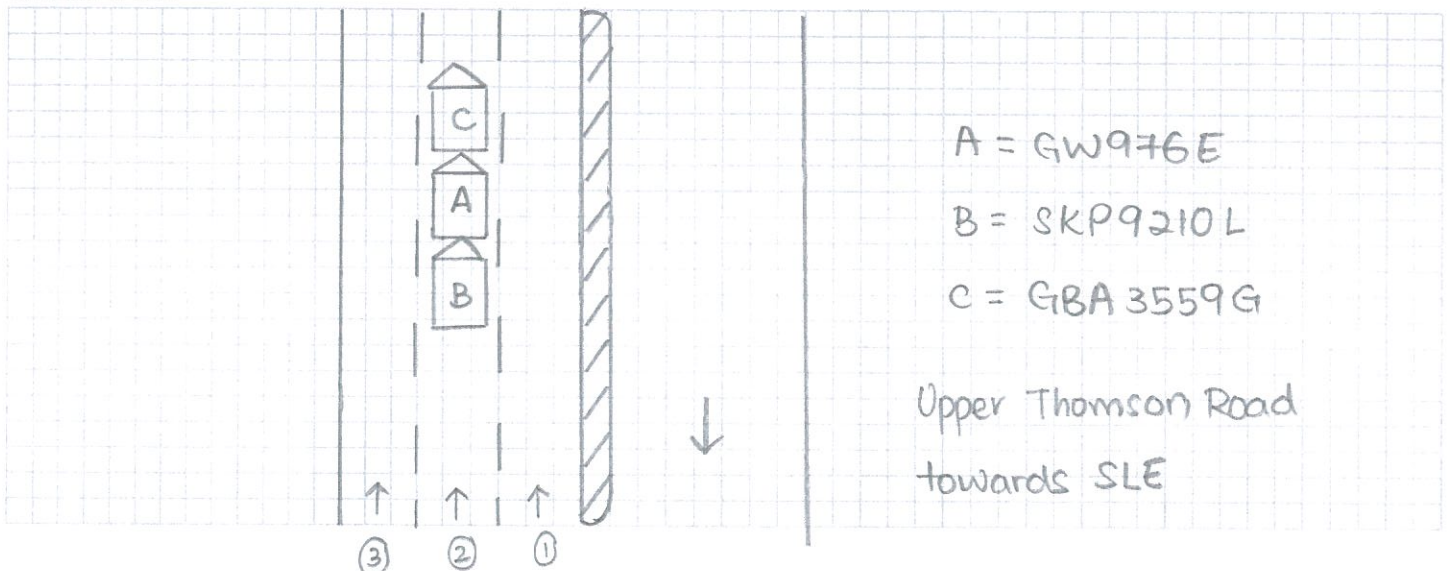
[Handwritten signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Actual

FD

Refer

Declaration

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



張

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

On 18.01.2022 at about 19:10 hours, I was stationary on lane 2 along Upper Thomson Road towards SLE. Suddenly, I heard a loud bang from behind and the great impact forced my vehicle (A) to move forward and hit onto the rear portion of vehicle (C).

When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A), thus causing damages to the front and rear portion of my vehicle (A).

I wish to state that it was a chain collision of total of 3 vehicles involved.



Vehicle (A): GW 976E

Vehicle (B): SKP 9210L

Vehicle (C): GBA 3559G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7167513J



Name
LEO MENG LIANG

張 茗 量

Race
CHINESE

Date of birth
29-08-1971

Sex
M


Country of birth
MALAYSIA

S7167513J


GW976E

Driver

8929886



NRIC No. S7167513J



Nationality
MALAYSIAN

Date of issue
13-05-2008

Address
**APT BLK 720 BEDOK RESERVOIR ROAD #04-4686
SINGAPORE 470720**

NRIC No: S7167513J Date: 15/08/2017

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7167513J
Name: LEO MENG LIANG

Birth Date 29 Aug 1971
Issue Date 03 May 2010

001853278B



GW976E

Driver

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	PASS DATE
Class 2B Motorcycles \leq 200 cc	07 May 1999
Class 2A Motorcycles between 201 cc and 400 cc	27 Mar 2001
Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	07 May 1999

NP 428A

Licence No: S7167513J