

# 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 .....	07/02/2022 12:45 (SGT)
Date of Accident .....	07/02/2022 08:29 (SGT)
Exact Location of Accident .....	ECP, Singapore
Additional Location Information .....	ECP NEAR PARKWAY PARADE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SFE7522S
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SOONG WEI LIEN
NRIC No .....	S7322620A
Email Address .....	WLLMSOONG@YAHOO.COM.SG
Mobile Phone No .....	(Phone) +65-98209043
Alternative Phone No .....	+65-98209043

### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A5
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 .....	1984

### INSURANCE COMPANY

Name of Insurance Company .....	Allianz Insurance Singapore Pte. Ltd.
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	SP2000698151
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SOONG WEI LIEN
----------------------	----------------

Date Of Birth .....	29/06/1973
Occupation .....	Indoor
Date Of Driving Pass .....	23/11/2000
Driving experience .....	21 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98209043
Alt. Phone Number .....	+65-98209043
Email Address .....	WLLMSOONG@YAHOO.COM.SG
Address .....	28 FLORA DRIVE
Address complement .....	#06-52
Postcode .....	506951
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 .....	4
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) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### 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

WEATHER IS CLEAR AND GOOD, ROAD IS DRY. I WAS TRAVELLING TO WORK IN CBD AS USUAL IN MORNING ECP TRAFFIC. AT 0828 AM, VEHICLE IN FRONT WERE BRAKING AND I ALSO HIT MY BRAKE TO AVOID COLLIDING TO FRONT VEHICLE. I WAS NOT ABLE TO BRAKE IN TIME TO AVOID HITTING AND KIA REAR ENDED MY VEHICLE, TAXI (MPV) ALSO REAR ENDED KIA. THE 3RD VEHICLE, BMW (SUV) REAR ENDED THE TAXI, THAT WAS THE LAST VEHICLE ON THE CHAIN COLLISION. THE FRONT VEHICLE BRAKE IN TIME AND NO ACCIDENT AND ALL WERE ABLE TO MOVE OFF. I STAYED TO TAKE PICS OF KIA, TAXI AND BMW. KIA ASKED IF I AM OK FROM THE COLLISION. I WAS IN A DOZE AS THIS IS MY 1ST ACCIDENT FOR MORE TAN 20 YRS. I TOOK PIC OF KIA IC BUT FORGOT TO ASK FOR MOBILE AS MY INTENTION IS TO DRIVE TO AUDI TO MAKE REPORT AND REPAIR. I MAY ALSO SEE A DOCTOR TO EXAMINE MY NECK AND HEAD FROM THE WHIPLASH. I DROVE TO AUDI AT 0930 AM TO MAKE REPORT AND CAR REPAIR.

#### 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 .....	SGT7524X
Vehicle Manufacturer .....	Kia
Vehicle Model .....	

Vehicle Variant .....	-
Vehicle Colour .....	Gray
Vehicle Category .....	Private car
Name of Driver .....	LEE BENG WAH
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	NTUC Income Insurance Co-operative Ltd
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

# SKETCH PLAN

## IMPORTANT NOTICE

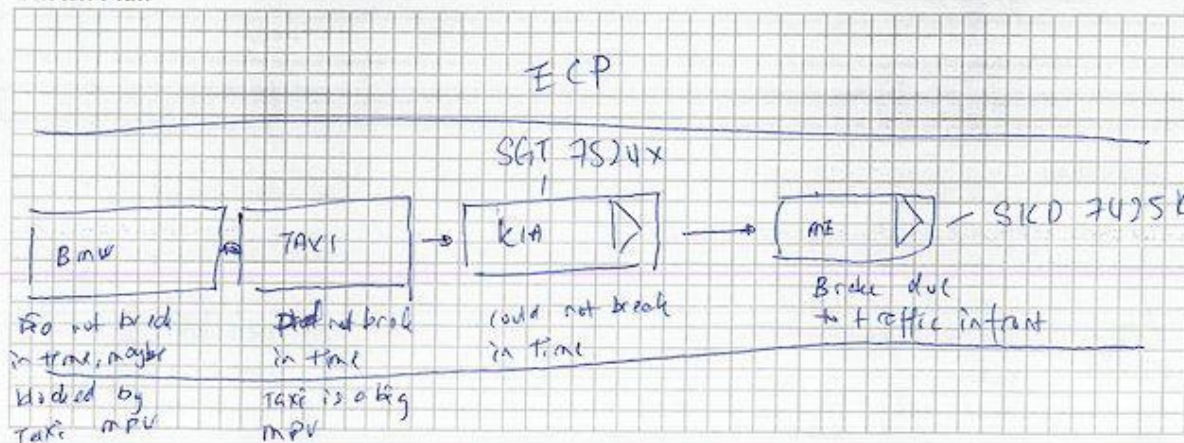
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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' 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.

*L*  
Policyholder's Signature / Date & Time  
7/2/2022

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

*10:55AM*  
*2022/02/07*  
Witnessed by Reporting Centre Personnel

## Sketch Plan





Describe Circumstances of the Accident

Weather is clear and good, Road is dry.

was travelling to work in CBD as usual in morning. FCP traffic

At 8:28am, vehicles in front were braking and I also hit my brakes to avoid colliding to front vehicle. was able to brake in time to avoid hitting the front vehicle. But the rear vehicle did not brake in time and rear ended my vehicle (KIA), a taxi MPV also rear ended the KIA, the 3rd vehicle, BMW SUV rear ended the taxi MPV, that was the last vehicle in the chain collision.

The front vehicles all braked in time, and no accident, and all were able to move off.


Stayed to take pics of the KIA, Taxi MPV, BMW SUV.  
KIA Driver

KIA driver asked if I am ok from the collision. I was in a daze as this is my 1st accident for more than 20 yrs. I took pic of KIA driver IC but forgot to ask for mobile as my intention is to drive to Audi to make police report and car repair. I may see a doctor to examine my neck and head from the whiplash.

head whiplash made  
Drove to Audi Mfr at 9:35am to make Police Report and car repair.

Declaration

We declare the foregoing particulars are true in every respect.

 7/2/2022

Policyholder's Signature / Date & Time

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

 07/01/2021 2044 1444  
Witnessed by Reporting Centre Personnel



11.04am.





































