

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 GlA 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	23/02/2022 16:45 (SGT)
Date of Accident	22/02/2022 15:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI BEFORE LORNIE RD EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK7660L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	DEREK EE
NRIC No	S9225440B
Email Address	angelynonghuisze@gmail.com
Mobile Phone No	(Phone) +65-97499786
Alternative Phone No	+65-97499786

VEHICLE PARTICULARS

Manufacturer	Hyundai
Model	Avante
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	1600

INSURANCE COMPANY

Name of Insurance Company	Auto & General Insurance (Singapore) Pte. Limited.
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P10355705R01
Cover Note Number	-

DRIVER

Name of Driver	ANGELYN ONG HUI SZE
NRIC No	S9506531G

Date Of Birth	19/02/1995
Occupation	Indoor
Date Of Driving Pass	03/10/2014
Driving experience	7 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97499786
Alt. Phone Number	-
Email Address	angelynonghuisze@gmail.com
Address	BLK 119 SIMEI ST 1 #07-504
Address complement	-
Postcode	520119
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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

ON THE STATED DATE AND TIME, VEHICLE A (SMK7660L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE (CHANGI) BEFORE LORNIE ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY, I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE AND THE HUGE IMPACT CAUSED MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SNA1617T) REAR PORTION. AFTER I ALIGHTED, I THEN REALISED THAT IS VEHICLE B (SMS4356T) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 4 CARS CHAIN COLLISION.

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	SMS4356T
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNA1617T
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	VEHICLE C
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SJN210T
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	VEHICLE D
No. Of Passenger (Including Driver)	-

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

Derek

Policyholder's Signature / Date & Time

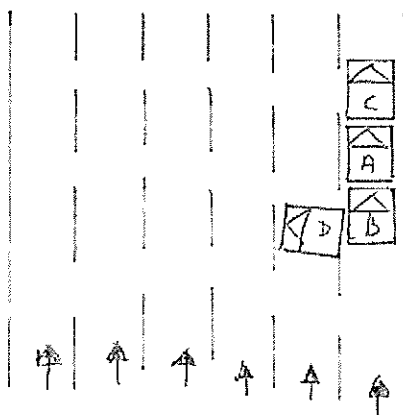
Angela

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Veh A: SMK 7660L
Veh B: SM 54356T
Veh C: SNA1617T
Veh D: SJN 210T



Describe Circumstances of the Accident

Handwritten notes and signatures in the 'Describe Circumstances of the Accident' section:

- Top right: A large handwritten signature, possibly "R. H. H. H.", with a checkmark above it.
- Middle right: A small handwritten signature, possibly "J. H.", with a checkmark above it.
- Bottom left: A large handwritten signature, possibly "R. H. H. H.", with a checkmark above it.

Declaration

(We declare the foregoing particulars are true in every respect)

Devel:
Policyholder's Signature - Date & Time

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

Witnessed by: Reporting Centre Personnel

ON THE STATED DATE AND TIME. I, VEHICLE A (SMK7660L) WAS TRAVELLING STRAIGHT ON LANE 1 OF PIE(CHANGI) BEFORE LORNIE ROAD EXIT. WHEN THE FRONT VEHICLE SLOWED DOWN AND STOP, I FOLLOWED SUIT WITHOUT HAVING ANY COLLISION WITH THE FRONT VEHICLE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY STATIONARY VEHICLE AND THE HUGE IMPACT CAUSE MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEHICLE C (SNA1617T) REAR PORTION. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SMS4356T) THAT HAD COLLIDED ONTO MY VEHICLE. I WISH TO STATE THAT THIS IS A 4CARS CHAIN COLLISION.

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VEHICLE B : SMS4356T

VEHICLE C : SNA1617T

VEHICLE D : SJN210T

Derek

Angela