

# 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 ..... 05/03/2022 15:22 (SGT)  
Date of Accident ..... 04/03/2022 16:35 (SGT)  
Exact Location of Accident ..... Near Woodlands Ave 12, Singapore  
Additional Location Information ..... WOODLANDS AVE 12 TOWARDS AVE 5  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU2526J

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... ROGER YONG YOKE SHANG  
NRIC No ..... SXXXX673E  
Email Address ..... ROGERYONG63@YAHOO.COM.SG  
Mobile Phone No ..... (Phone) +65-81234056  
Alternative Phone No ..... (Home) +65-81234056

### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... Civic  
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 ..... 1800

### INSURANCE COMPANY

Name of Insurance Company ..... ECICS Limited  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... MPC21P00147700  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ROGER YONG YOKE SHANG  
NRIC No ..... SXXXX673E

Date Of Birth .....	02/09/1963
Occupation .....	Indoor
Date Of Driving Pass .....	18/03/1981
Driving experience .....	41 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-81234056
Alt. Phone Number .....	(Home) +65-81234056
Email Address .....	ROGERYONG63@YAHOO.COM.SG
Address .....	410 WOODLANDS ST 41 #03-95
Address complement .....	-
Postcode .....	730410
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### REFER TO SKETCH PLAN

#### 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 .....	XD3427C
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Fuso
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	2

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SKB932U
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
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) .....	1

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	GZ5550B
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	Dyna
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
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) .....	2

#### INJURED PERSONS DETAILS



##### INJURED 1

Name of injured person .....	ROGER YONG YOKE SHANG
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLU2526J
Were seat belts worn? .....	Yes
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' 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.

 Policyholder's Signature / Date & Time	 Driver's Signature (If driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel															
<p><b>Sketch Plan</b></p> <p>Woodlands Ave 12 Towards Ave 5</p> <table border="1"> <tr><td>C</td><td></td><td></td></tr> <tr><td>D</td><td></td><td></td></tr> <tr><td>A</td><td></td><td></td></tr> <tr><td>B</td><td></td><td></td></tr> <tr><td>↑</td><td>↑</td><td>↑</td></tr> </table> <p>A → SL4 2526 J B → XO 3427 C C → GZ 5550 B D → SKB 932 U</p>			C			D			A			B			↑	↑	↑
C																	
D																	
A																	
B																	
↑	↑	↑															

Describe Circumstances of the Accident


On the stated time & date, I was stationary in my vehicle A,  
(SW 2526J) waiting for the traffic light to turn green. Suddenly, I  
felt an impact from the rear. It caused my vehicle to surge forward  
and collided onto the vehicle (SKB 932 U). I alighted from my vehicle  
and realised that a trailer, (XD 3427 C) had collided onto my vehicle  
which caused my vehicle to hit on vehicle D, (SKB 932 U) and vehicle D  
to hit on to vehicle C, (GZ 5850 B).

We exchanged particulars & decided to proceed with insurance claims.

Declaration

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

Witnessed by Reporting Centre  
Personnel