

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 21/03/2022 17:34 (SGT)
Date of Accident 20/03/2022 13:40 (SGT)
Exact Location of Accident PIE, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT5656C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHOW TENG MUN
NRIC No S1523235H
Email Address TM_CHOW@HOTMAIL.COM
Mobile Phone No (Phone) +65-91899730
Alternative Phone No +65-91899730

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
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 1991

INSURANCE COMPANY

Name of Insurance Company QBE Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 8-V0019942-MVA-R003
Cover Note Number -

DRIVER

Name of Driver CHOW TENG MUN
NRIC No S1523235H

Date Of Birth	30/05/1962
Occupation	Indoor
Date Of Driving Pass	14/05/1980
Driving experience	41 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91899730
Alt. Phone Number	+65-91899730
Email Address	TM_CHOW@HOTMAIL.COM
Address	BLK 519D TAMPINES CENTRAL 8 #06-91
Address complement	-
Postcode	524519
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	PAX
Gender	Male

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 ATTACHED
STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SKZ2601K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	SUSAN TAY SOH LIAN
NRIC No	S1172089G
Contact Number	(Phone) +65-96908995
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBE2522Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	MANI THIRUVENKADAM
Passport No/FIN	G2551375X
Contact Number	(Phone) +65-91600406
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHOW TENG MUN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	NECK PAIN
Injured person in which vehicle?	SLT5656C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN**IMPORTANT NOTICE**

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

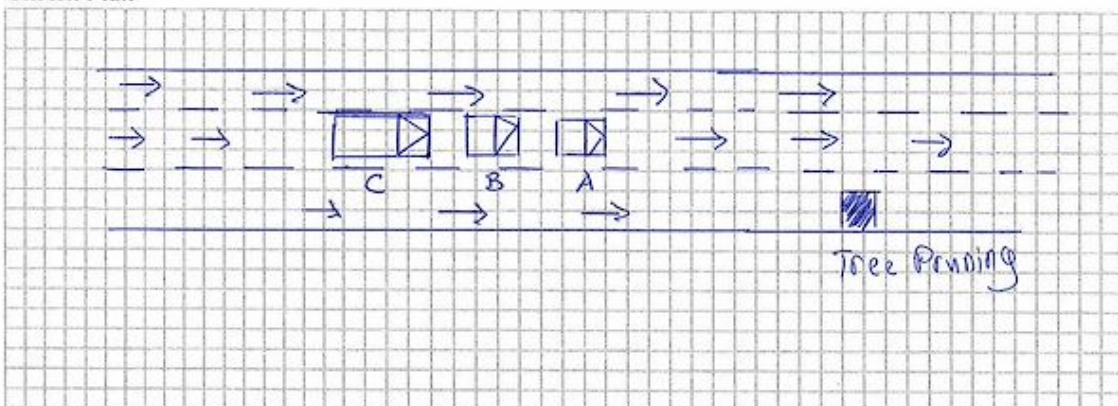
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

21/03/22
4.50pm

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A : SLT5656C
B : SKZ 2601K
C : GBE 2522Y

Describe Circumstances of the Accident

On 20/03/22 at 1:38pm I was travelling on PIE towards Changi Airport. There is tree pruning on the right side of the PIE. I am travelling on the middle lane and my son is in the left side of the back passenger seat.

I have slow down at less than 10km/hr due to traffic merging from the first lane to the middle lane.


Suddenly, I was hit from the back by SFZ2601K and followed by another heavy hit. In total I was hit twice.

Thereafter I have stiff neck and will be seeing a doctor.

Declaration

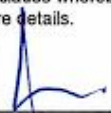
We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

 21/03/22
4.50pm

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

