

## 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 ..... 31/03/2022 10:40 (SGT)  
Date of Accident ..... 28/03/2022 18:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE TOWARDS TUAS  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SNE4220M

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... P1 MOTORS PTE LTD  
Company Reg No ..... 2XXXX144R  
Email Address ..... J.XAN@OUTLOOK.COM  
Mobile Phone No ..... (Phone) +65-98800366  
Alternative Phone No ..... (Home) +65-98800366

#### VEHICLE PARTICULARS

Manufacturer ..... Audi  
Model ..... A5  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
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 ..... Etiqa Insurance Pte Ltd  
Type of Coverage ..... ThirdParty  
Fleet Policy ..... No  
Policy Number ..... M0017499  
Cover Note Number ..... M0017499

#### DRIVER

Name of Driver ..... J Xander Roslan  
NRIC No ..... SXXXX741Z

Date Of Birth .....	30/05/1988
Occupation .....	Outdoor
Date Of Driving Pass .....	15/08/2012
Driving experience .....	9 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-98800366
Alt. Phone Number .....	-
Email Address .....	J.XAN@OUTLOOK.COM
Address .....	BLK 202 CLEMENTI AVE 6
Address complement .....	#03-51
Postcode .....	120202
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Partner
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 .....	Jeremy Lam
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

On the stated time and date, I was driving on my vehicle A bearing SNE4220M. I had a viewing at factory building and I was driving back to park the vehicle at our office at Toh Guan Center. I was travelling along Iornie road, exit towards PIE Tuas. While driving through the merging road, I was on the second lane. There was a gap on the right lane and I signaled right. As I was changing lane, the Toyota Corolla (SDD4590T) decelerated to close the gap and I need serve back to my lane. The driver pulled up to my side, gestured aggressive and speed off. I continued on my way and slowly filtered to the 1st lane. As I was changing to the first lane, I happened to be behind the Toyota Corolla, vehicle C bearing SDD4590T, he spotted me behind and did a full E-brake without any reason to get me to crash into him. I tried to brake and suddenly I felt a huge impact from my rear and realized vehicle B bearing SLL1531A, a Volkswagen had collided on to my rear which led my vehicle to crash on yo vehicle B rear. In result the chain collision happened

#### 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 .....	SDD4590T
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SLH531A
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 .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	J XANDER ROSLAN
Gender .....	Male
Phone No .....	(Phone) +65-98800366
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

##### INJURED 2

Name of injured person .....	JEREMY LAM
Gender .....	Male
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	-
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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' 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**

PIE TOWARDS TUN

A - SNE 4220M  
B - SLH531A  
C - SDD 4520T.

## Describe Circumstances of the Accident

On the stated time and date, I was driving on my vehicle A bearing SHE4220M. I had a viewing at kapo factory building and I was driving back to park the vehicle at our office at Ten Guan Center. I was traveling along lornie road, Exit towards PIE Tuas. While driving through the merging road, I was on the second lane. There was a gap on the right lane and I signalled right. As I was changing lane, the Toyota Corolla (SOD4590T) decelerated to close the gap and I had to move back to my lane. The driver then pulled up to my side, gestured aggressively and sped off. I continued on my way and slowly filtered to the 1st lane. As I was changing to the first lane, I happened to be behind the Toyota Corolla, vehicle C bearing SOD4590T, he spotted me behind and did a full E-brake without any reason to get me to crash in to him. I tried to brake and suddenly I felt a huge impact from my rear and realized vehicle B bearing SLH531A, a Volkswagen had collided on to my rear which led my vehicle to crash on to vehicle B rear. In result the crash collision happened.

## Declaration

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



Policyholder's Signature / Date & Time

JXm

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

Witnessed by Reporting Centre Personnel