

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 30/03/2022 14:38 (SGT)
Date of Accident 29/03/2022 18:15 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS TUAS B4 EXIT 17
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS1991R

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner TAN ZHAO HANG LESTER
NRIC No S9121145I
Email Address lestertan91@gmail.com
Mobile Phone No (Phone) +65-96836330
Alternative Phone No +65-96836330

VEHICLE PARTICULARS

Manufacturer Toyota
Model Harrier
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 2000

INSURANCE COMPANY

Name of Insurance Company United Overseas Insurance Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number DHOM110179952100
Cover Note Number -

DRIVER

Name of Driver TAN ZHAO HANG LESTER
NRIC No S9121145I

Date Of Birth	14/06/1991
Occupation	Indoor
Date Of Driving Pass	28/02/2013
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-96836330
Alt. Phone Number	+65-96836330
Email Address	lestertan91@gmail.com
Address	BLK 289 CHOA CHU KANG AVE 3
Address complement	#12-268
Postcode	680289
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	SLIGHTLY WET

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?	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

I WAS ON LANE 1 ON PIE TWDS TUAS B4 EXIT 17.DUE TO THE TRAFFIC CONGESTED,VEH INFRT SLOWED DOWN AND I FOLLOWED SUIT.OUT OF A SUDDEN VEH B FROM BEHIND HIT ONTO MY REAR PORTION OF MY VEH.DUE TO THE IMPACT MY VEH BEING PUSHED FORWARD AND HOT ONTO THE REAR PORTION OF VEH C.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	WITH DRIVER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD4000H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	CHAN KUN TIONG

NRIC No	S2668604J
Contact Number	(Phone) +65-81113237
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	SLK9697E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	ONG ZHEN YANG
NRIC No	S9307520Z
Contact Number	(Phone) +65-93836296
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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' 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.

[Signature] 30/3/22 1240pm
Policyholder's Signature / Date & Time

[Signature] 30/03/22
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 30/03/22
Witnessed by Reporting Centre Personnel

Sketch Plan

PIE TWDS TRAS BY EXIT 17

A - SLS1991R

B - SHD4000H

C - SLK9697E



Describe Circumstances of the Accident

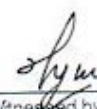
I was on lane one on PIE towards Tuas near/before exit 17. Due to the traffic jam, vehicles in front slowed down and I followed suit. Out of a sudden, SH04000H slammed into the back of my vehicle despite having ample space between his vehicle and mine. ~~I could not~~ ~~brake~~ The impact lead to my vehicle hitting the one in front.

Declaration

We declare the foregoing particulars are true in every respect.

 30/3/22 1240pm
Policyholder's Signature / Date & Time

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

 30/03/22
Witnessed by Reporting Centre Personnel





























