

## 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 Actual 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 .....	22/08/2022 14:56 (SGT)
Reported by .....	Both
Date of Accident .....	20/08/2022 11:57 (SGT)
Exact Location of Accident .....	Near 150 Airport Rd, Singapore 539927
Additional Location Information .....	KPE (MCE) BEFORE AIRPORT ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLN3790S
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	LIEW FU TANG
NRIC No .....	SXXXX730F
Email Address .....	JEFFERYLFT@GMAIL.COM
Mobile Phone No .....	(Phone) +65-96358589
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Audi
Model .....	A6
Variant .....	1.8 TFSI S TRONIC
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? .....	Yes
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	1798

#### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	GA570976/1

#### DRIVER

Name of Driver .....	LIEW FU TANG
NRIC No .....	SXXXX730F
Date Of Birth .....	02/01/1961
Occupation .....	Indoor

Date Of Driving Pass .....	08/01/1981
Driving experience .....	41 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96358589
Alt. Phone Number .....	-
Email Address .....	JEFFERYLFT@GMAIL.COM
Address .....	706 PASIR RIS DRIVE 10
Address complement .....	#07-153
Postcode .....	510706
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? .....	Yes
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	JASMINE TAN LAY KENG
Gender .....	Female

#### PASSENGER 2

Name .....	KHOO WEE JOO
Gender .....	Male

#### PASSENGER 3

Name .....	LUCAS LIEW
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

WAS DRIVING ALONG TPE, ENTERING KPE(MCE) TUNNEL, A BLACK BMW FILTERED INTO MY LANE, THERE WAS A SAFE DISTANCE BETWEEN US, THE BLACK BMW SUDDENLY STOPPED AND I APPLIED EMERGENCY BRAKE, BUT IT WAS NOT IN TIME AND MY CAR CRASHED INTO THE BACK OF THE BMW. ALL OF OUR AIRBAGS WERE DEPLOYED AND ALL PASSENGERS AND DRIVERS WERE INJURED. AMBULANCE SENT THE INJURED PEOPLE TO RAFFLES HOSPITAL.

#### ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
Was there any video captured by Car Camera? ..... Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNC3262J  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... Black  
Vehicle Category ..... Private car  
Name of Driver ..... ONG KIAN SIONG, JEREMY  
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 2

Vehicle Registration Number ..... SLS9821X  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... White  
Vehicle Category ..... Private car  
Name of Driver ..... HONG MING CONG  
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 ..... LIEW FU TANG  
Gender ..... Male  
Phone No ..... (Phone) +65-96358589  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... SLN3790S  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... Yes

##### INJURED 2

Name of injured person ..... JASMINE TAN LAY KENG  
Gender ..... Female  
Phone No ..... (Phone) +65-96162762  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -

Injured person in which vehicle? .....	SLN3790S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

INJURED 3

Name of injured person .....	LUCAS LIEW
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? .....	Yes

INJURED 4

Name of injured person .....	KHOO WEE JOO
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? .....	Yes

**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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**

## Describe Circumstances of the Accident

Was Driving along TPE, entering KPE (mce) Tunnel, a black BMW filtered into my lane, there was a safe distance between us, the black BMW suddenly stopped and I applied emergency brake, but it was not in time and my car crashed into the back of the BMW. All of our airbags were deployed and all passengers and driver were injured. Ambulance sent the injured people to Raffles Hospital.

## Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

*[Signature]* 22/8/2012  
12.35

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

Witnessed by Reporting Centre Personnel



*Tony Foong*

























































































