

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 16/09/2022 11:39 (SGT)
Reported by Both
Date of Accident 16/09/2022 10:30 (SGT)
Exact Location of Accident Paya Lebar, Singapore
Additional Location Information JUNCTION OF PAYA LEBAR ROAD AND UBI ROAD
SINGAPORE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SBP20J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHAN HSIEN CHYE
NRIC No S6843246D
Email Address JIMMYCHANHC@OUTLOOK.COM
Mobile Phone No (Phone) +65-98398511
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Mercedes
Model E200
Variant MERCEDES BENZ / E200 ML
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 1796

INSURANCE COMPANY

Name of Insurance Company ECICS Limited
Policy Number / Cover Note Number MPC22A00109100

DRIVER

Name of Driver CHAN HSIEN CHYE
NRIC No S6843246D
Date Of Birth 11/11/1968

Occupation	Indoor
Date Of Driving Pass	28/11/1988
Driving experience	33 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98398511
Alt. Phone Number	-
Email Address	JIMMYCHANHC@OUTLOOK.COM
Address	APT BLK 642 BEDOK RESERVOIR ROAD #11-75
Address complement	-
Postcode	410642
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 ANNIE - PROGRESSIVE CAR CARE PTE LTD
TEL 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU3668K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-93635264
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

Describe Circumstances of the Accident

I was driving along Paya Lebar Road to PIE on 16/9/22 (Friday) at about 10.30am. When approaching the junction @ Macpherson MRT, the traffic light turned 'RED' so I stopped my car. The car behind me (SGH 3668K) did not stop and rammed into my car.

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

SKETCH PLAN**IMPORTANT NOTICE**

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6. The 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.
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

Paya Lebar Rd

A: SBP 20 J

B: SG43668K

















IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: _____ Vehicle Registration No: SBP20J
 Name (as shown in NRIC): CHAN HSIEN CHYE NRIC/FIN/Passport No: S6843 246D
 (*Vehicle Driver/Policyholder) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): 98398511 Mobile No.: _____
 Email Address: _____
 Date of Accident: 16/09/2022 Time of Accident: 630
 Place of Accident: PAYA LEBAR
 Insurance Company: ECICS

(B) ADDITIONAL INFORMATION /AMENDMENTS:

I have made a report on the above-mentioned accident and would like to include additional information or make the following amendments:

MPC 22A00109100
POLICY NUMBER

Policyholder / Actual Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name (as in NRIC/ID card):
 Date:

PROGRESSIVE CAR CARE PTE LTD
 Blk 302/A Ubi Road 1 #01-45/46
 Singapore 408716
 Tel: 6741 5336 Fax: 6741 7208
 Email: claims@procarcare.com.sg