

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	21/10/2022 19:43 (SGT)
Reported by	Both
Date of Accident	21/10/2022 16:50 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) BEFORE JLN EUNOS EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ706C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Hua Peijun Stephanie
NRIC No	S8239950Z
Email Address	STEPHANIE.HUA.PJ@GMAIL.COM
Mobile Phone No	(Phone) +65-97392170
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1200

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5112779759-02

DRIVER

Name of Driver	Hua Peijun Stephanie
NRIC No	S8239950Z
Date Of Birth	24/11/1982
Occupation	Indoor

Date Of Driving Pass	05/06/2002
Driving experience	20 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97392170
Alt. Phone Number	-
Email Address	STEPHANIE.HUA.PJ@GMAIL.COM
Address	BLK 159 #06-553 BEDOK SOUTH AVENUE 3
Address complement	-
Postcode	460159
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	LIGHT DRIZZLE
Road Surface	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?	Yes
Was any injured conveyed to hospital by ambulance?	No
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

I WAS TRAVELLING STRAIGHT IN LANE 2 WHEN DUE TO THE VEHICLE IN FRONT OF ME SLOWED DOWN I FOLLOWED SUIT TO BRAKE AND MANAGED TO STOP BEHIND THE VEHICLE, BUT SOON AFTER THE OTHER VEHICLE (SJS8785Y) BEHIND ME COLLIDED INTO THE REAR OF MY VEHICLE. WHEN I GOT OUT TO EXCHANGE THE PARTICULARS AFTER WE HAD MOVED TO THE ROAD SHOULDER I REALISED THERE WAS A THRID VEHICLE (SMQ718U) WHICH WAS INVOLVED IN THE COLLISION BEHIND SJS8785Y.

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	SJS8785Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	CHRISTOPHER TOH
Contact Number	(Phone) +65-96320708
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	Female

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMQ718U
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)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	Hua Peijun Stephanie
Gender	Female
Phone No	(Phone) +65-97392170
Address	BLK 159 #06-553 BEDOK SOUTH AVENUE 3
Address Complement	-
Post Code	460159
Approximate Age Years Old	39
Injuries Sustained	NECK AREA PAIN (UNDER WHIPLASH INJURY OBSERVATION) WITH 2 DAYS MC.
Injured person in which vehicle?	SKQ706C
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

REFER TO GEARS REPORT

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

21102022 19:00

Policyholder's Signature / Date & Time _____

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
INDRA RIZZA SYAH BIN AZIZ
S994949

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SKETCH PLAN

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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.



21102022 19:00

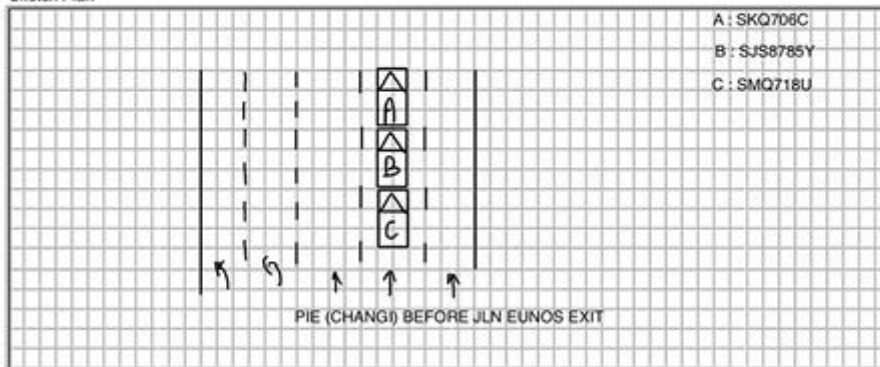
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel
NORRA FIZZA SYAH BIN AZIZ
(Name as in NRIC/ID card: 9994949)

Sketch Plan



























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:

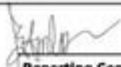
Original Report No: SN0722AL000W Vehicle Registration No: SKQ706C
 Name (as shown in NRIC): HUA PEIJUN STEPHANIE NRIC/FIN/Passport No: S8239950Z
 (*Vehicle-Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 159 #06-553 BEDOK SOUTH AVE 3 Singapore (460159)
 Contact (Tel): _____ Mobile No.: 97392170
 Email Address: STEPHANIE.HUA.PJ@GMAIL.COM
 Date of Accident: 21/10/2022 Time of Accident: 16:50
 Place of Accident: PIE (CHANGI) BEFORE JLN EUNOS EXIT
 Insurance Company: INCOME INSURANCE LIMITED

(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:

I WOULD LIKE TO ADD PERSONAL INJURY IN THE ACCIDENT REPORT FOR MYSELF (DRIVER) IN OWN VEHICLE (WITHOUT AMBULANCE ASSISTANCE) ; NECK AREA PAIN (UNDER WHIPLASH INJURY OBSERVATION) WITH 2 DAYS MC.


 Policyholder / Driver's Signature
 Date: 22/10/22


 Reporting Centre Personnel's Signature
 Name: INDRA RIZZA SYAH BIN AZIZ
 NRIC/FIN No.: S994949
 Date: 22/10/22