

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	07/11/2022 16:56 (SGT)
Reported by	Both
Date of Accident	06/11/2022 22:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE (CHANGI) NEAR SIMEI EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC4596M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TAN HOCK CHUAN
NRIC No	S1229235Z
Email Address	TANHOCKCHUAN1229@GMAIL.COM
Mobile Phone No	(Phone) +65-96801802
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1496

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5120230154-01

DRIVER

Name of Driver	TAN HOCK CHUAN
NRIC No	S1229235Z
Date Of Birth	01/11/1957
Occupation	Outdoor

Date Of Driving Pass	01/06/2004
Driving experience	18 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96801802
Alt. Phone Number	-
Email Address	TANHOCKCHUAN1229@GMAIL.COM
Address	542 HOUGANG AVENUE 8
Address complement	06-1283
Postcode	530542
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?	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

PLEASE REFER TO SKETCH PLAN ATTACHED

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	SMM9886D
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)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SNH1420G
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)	2

SKETCH PLAN

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3. All reports provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow the insurer to repudiate its insured 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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. In the submission of this report to the insurers, you hereby consent to the archiving of this report at the Centre and to copies of this report being made available at/upon request.
8. I/We agree under the Personal Data Protection Act (PDPA) that I/we, as individual(s), agree and consent that:
 - a. My/ourself, my/ourselves and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and process my personal data/personal information set out in this [form] and any other personal information provided by me or myself by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers/insured vehicles/vehicle(s) involved in this accident (all insured(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 accident;
 - 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/enail attachments), and/or
 - v. complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - b. The insurers (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.


Signature / Date & Time


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


Witnessed by Reporting Agent (Name as in NRIC/DR card)



Vehicle A: SLG4596M Exit to ←
 Vehicle B: SMM9886D Tampines Ave S.
 Vehicle C: SNH1420G



View Circumstances of the Accident

On the stated date & time, I, Vehicle 'A', SLK4596M, was travelling along the stated venue. As there was road works on lane 1, vehicles were altering in. I was travelling along lane 2 when vehicle in front of mine was slowing down. Then suddenly I felt an impact from my rear portion. When I alighted, I then realised that I was involved in a chain collision of 3 vehicles.

Declaration

I hereby declare the foregoing particulars are true to my knowledge.



























