

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	18/11/2022 17:57 (SGT)
Reported by	Both
Date of Accident	17/11/2022 19:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE TOWARDS TUAS
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SNE2389Z
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	SYAHIDAH ALFAIZ RADZUAN
NRIC No	S8024293Z
Email Address	daalfaiz@gmail.com
Mobile Phone No	(Phone) +65-98249158
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Mercedes
Model	Cla180
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?	Yes
Vehicle Category	Private car
Transmission	Auto
CC	1595

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5126045926

DRIVER

Name of Driver	EFFANDI BIN MOHAMED
NRIC No	S8012042G
Date Of Birth	20/04/1980
Occupation	Indoor

Date Of Driving Pass	23/10/2001
Driving experience	21 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-88756240
Alt. Phone Number	-
Email Address	effandi.mohamed@gmail.com
Address	BLK 323 TAMPINES ST 33 #03-170
Address complement	-
Postcode	520323
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	FRIEND
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	4
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)	2
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	SYAHIDAH ALFAIZ RADZUAN
Gender	Female

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 SKETCH

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	SND1621P
Vehicle Manufacturer	Audi
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	Gray
Vehicle Category	NA / Unknown
Name of Driver	WEE TENG HENG
Contact Number	(Phone) +65-98251535
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	SHD3096M
Vehicle Manufacturer	Hyundai
Vehicle Model	I40
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MR KOH
Contact Number	(Phone) +65-97576080
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 3

Vehicle Registration Number	SDP1970L
Vehicle Manufacturer	Toyota
Vehicle Model	Corolla
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	NA / Unknown
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)	-

SKETCH PLAN

VEHICLE NO:

DATE OF ACCIDENT:

SNE 2389 Z
17/11/22IMPORTANT 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' 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.

18 Nov 2022 10.55am
Policyholder's Signature / Date & Time

18 Nov 2022
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

	4	3	2	1	
PIE TOWARD TJAS. BEFORE PAYA LEBAR PEDESTRIAN OVERHEAD BRIDGE NO 52859 AROUND 7:35 AM 17 NOV 2022.				[D]	SDP 1970 L
				[C]	SHD 3096 M
				[B]	SND 1621 P
				[A]	SNE 2389 Z

Describe Circumstances of the Accident VEHICLE NO: SNE 23892

DATE OF ACCIDENT: 17/Nov/22

At around 19:35hrs, I was driving along PIE towards Turf on 17 Nov 2022.

The road had a lot of cars as it was during peak hours. I was cruising at legal speed of about 80 km/h to 90 km/h.

Front car 'B' (SND 1621 P) did a jam brake suddenly.

We had about 2 car space in between our car and car 'B'. We immediately braked as well.

Unfortunately, it was not enough to stop the car to total stop and hit car 'B'.

Once we got out of the car, we noticed there were 2 other cars in front of car 'B'.

The other cars were car 'C' (SHD 3096 M) and car 'D' (SDP 1970 L). Car 'B', car 'C' and car 'D' had collided as well.

The accident occur at Paya Lebar Road, ~~the~~ overhead bridge (NO. 52859).

REPORTING ONLY ()

OWN DAMAGE ()

THIRD PARTY ()

OWN WORKSHOP ()

Declaration NOTE: DO NOTE THAT YOU MAY HAVE 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

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



18 Nov 2022, 10:55am
Policyholder's Signature / Date & Time



18 Nov 2022
Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel





























