

# 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 .....	18/12/2022 08:05 (SGT)
Reported by .....	Both
Date of Accident .....	16/12/2022 21:00 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	AIRPORT BOULEVARD TOWARD PIE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SDM8188Z
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	TAN AH LEONG
NRIC No .....	S0216440Z
Email Address .....	TANAHLEONG@ANGLES.COM.SG
Mobile Phone No .....	(Phone) +65-96363119
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Mercedes
Model .....	E300
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 .....	2000

### INSURANCE COMPANY

Name of Insurance Company .....	Income Insurance Limited
Policy Number / Cover Note Number .....	5126398039

### DRIVER

Name of Driver .....	CHEN SHOUJIE COLIN
NRIC No .....	S8207229B
Date Of Birth .....	27/02/1982
Occupation .....	Indoor

Date Of Driving Pass .....	21/10/2000
Driving experience .....	22 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97694839
Alt. Phone Number .....	-
Email Address .....	STITCH2782@YAHOO.COM
Address .....	4 KENSINGTON PARK DRIVE
Address complement .....	#01-01
Postcode .....	557321
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 .....	5
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) .....	6
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 .....	KHOR CHEW LAN
Gender .....	Female

#### PASSENGER 2

Name .....	CHEN HUIJUN
Gender .....	Female

#### PASSENGER 3

Name .....	CLAIRE CHEN YIHAN
Gender .....	Female

#### PASSENGER 4

Name .....	TAN AH LEONG
Gender .....	Male

#### PASSENGER 5

Name .....	PAIGE CHEN YITING
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

I WAS DRIVING MY CAR (SDM8188Z) ALONG AIRPORT BOULEVARD TOWARD PIE. I WAS TRAVELLING AT THE 3RD LANE. VEHICLES INFRONT STOPPED SO I FOLLOWED SUIT TO STOP. VEHICLE B (SJG5777D) HAD STOPPED BEHIND SUDDENLY SWERVED FORWARD AND HIT ONTO MY REAR PORTION AS VEHICLE C (PC1077S) HAD COLLIDED ONTO VEHICLE B (SJG5777D) REAR PORTION. I WAS INVOLVED WITH A 5 CARS CHAIN COLLISION.

## ATTACHMENT(S)

Are accident photos available for attachment? ..... Yes  
 Was there any video captured by Car Camera? ..... Yes  
 Reasons for not uploading a video of the accident ..... To submit to workshop

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number ..... SNA3908R  
 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) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number ..... SHC5327P  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Taxi  
 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) ..... -

## DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number ..... SJG5777D  
 Vehicle Manufacturer ..... -  
 Vehicle Model ..... -  
 Vehicle Variant ..... -  
 Vehicle Colour ..... -  
 Vehicle Category ..... Private car  
 Name of Driver ..... -  
 Contact Number ..... (Phone) +65-81803895  
 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 4

Vehicle Registration Number ..... PC1077S  
Vehicle Manufacturer ..... -  
Vehicle Model ..... -  
Vehicle Variant ..... -  
Vehicle Colour ..... -  
Vehicle Category ..... Commercial vehicle  
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**

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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;

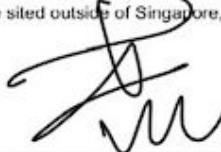
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.




Policyholder's Signature / Date & Time

18/12/2022

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

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

Sketch Plan 0800hrs

MD SHAN KASMEIR BIN ABDULLAH

<p>A- SDM8188Z</p> <p>B - SNA3908R</p> <p>C- SHC5327P</p> <p>D- SJG5777D</p> <p>E-PC1077S</p>	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;">B</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;">C</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;">A</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;">E</div> </div>	<p style="text-align: center;">AIRPORT BOULEVARD TOWARDS PIE</p>
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Describe Circumstance of the Accident

Refer to Circumstance of Accident

**Declaration**

I/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

18/12/2022  
0800HRS

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

MD SHAN KASMEIR BIN ABDULLAH 2

