

# 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 .....	29/07/2022 11:22 (SGT)
Reported by .....	Driver
Date of Accident .....	29/07/2022 08:30 (SGT)
Exact Location of Accident .....	Clementi, Singapore
Additional Location Information .....	CLEMENTI EXIT SINGAPORE
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLV1536G
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SOH SIN LIN CYNTHIA
NRIC No .....	S8112998C
Email Address .....	CYNTHIASOH17@GMAIL.COM
Mobile Phone No .....	(Phone) +65-88209798
Alternative Phone No .....	-

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	C-hr
Variant .....	TOYOTA / C-HR HYBRID 1.8G CVT
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 .....	1797

### INSURANCE COMPANY

Name of Insurance Company .....	ECICS Limited
Policy Number / Cover Note Number .....	MPC21P00261500

### DRIVER

Name of Driver .....	CHUA ROBIN
NRIC No .....	S8029974E
Date Of Birth .....	30/09/1980
Occupation .....	Indoor

Date Of Driving Pass .....	10/04/2006
Driving experience .....	16 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-88202025
Alt. Phone Number .....	-
Email Address .....	ROBINJOSHUACHUA@GMAIL.COM
Address .....	APT BLK 747C BEDOK RESERVOIR CRESCENT #13-31
Address complement .....	-
Postcode .....	473747
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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

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? .....	Yes

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBH4090Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle

Name of Driver .....	ONG THIAM WAH
Passport No/FIN .....	G6505142M
Contact Number .....	(Phone) +65-98517378
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 .....	SMY1740C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHAN SIEW MENG (CHEN ZHAO MING)
NRIC No .....	S7416290H
Contact Number .....	(Phone) +65-85182918
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	CHUA ROBIN
Gender .....	Male
Phone No .....	(Phone) +65-88202025
Address .....	APT BLK 747C BEDOK RESERVOIR CRESCENT #13-31
Address Complement .....	-
Post Code .....	473747
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLV1536G
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

**SKETCH PLAN**

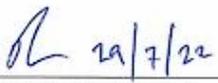
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**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

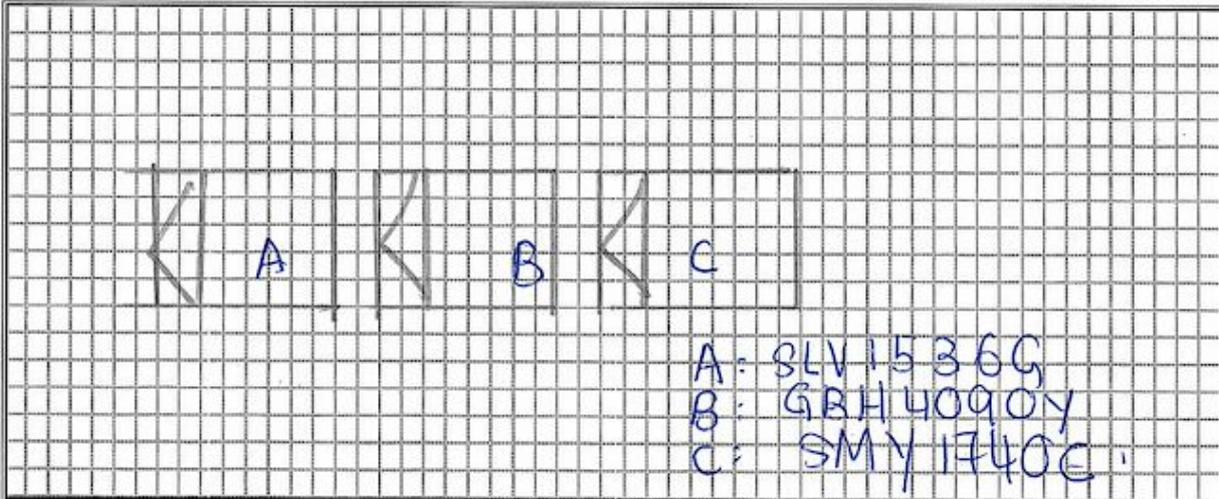
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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  
 10:45AM

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

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

**Sketch Plan**



**Describe Circumstance of the Accident**

ON 29/07/2022 0830 , I WAS DRIVING  
 along clementi exit , suddenly the  
 car in front of me jambrake and I  
 was able to stop on time . The van  
 behind of me hit onto my rear bumper  
 as he was unable to stop on time . The  
 car behind of van was unable to stop  
 on time also causing a chain collision .  
 I AM SUFFERING SOME NECK INJURY AND WHIPLASH .

**Declaration**

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

 29/7/22  
 Policyholder's Signature / Date & Time  
 10.45AM

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

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





