

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	26/01/2023 18:36 (SGT)
Reported by	Both
Date of Accident	25/01/2023 18:40 (SGT)
Exact Location of Accident	Outram, Singapore
Additional Location Information	CTE TOWARDS CITY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDS3268C
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIA WEI TJIEH
NRIC No	SXXXX527C
Email Address	DR.ANDREW.CHIA@GMAIL.COM
Mobile Phone No	(Phone) +65-98803322
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Rav4
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	1987

INSURANCE COMPANY

Name of Insurance Company	Allianz Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number	SP2000776251-01

DRIVER

Name of Driver	CHIA WEI TJIEH
NRIC No	SXXXX527C
Date Of Birth	22/06/1976
Occupation	Indoor

Date Of Driving Pass	18/06/1998
Driving experience	24 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98803322
Alt. Phone Number	-
Email Address	DR.ANDREW.CHIA@GMAIL.COM
Address	11 WATTEN VIEW
Address complement	-
Postcode	287126
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	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	6
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 DRIVING ALONG CTE TOWARDS CITY ON 25/01/2023 AT 1840HRS, THE CAR IN FRONT OF ME HAD STOPPED DUE TO TRAFFIC JAM.
 I ALSO STOPPED AND TURNED ON MY HAZARD LIGHT TO WARN THE CAR BEHIND.
 AFTER STOPPING FOR A PERIOD OF TIME, I WAS SUDDENLY HIT FROM THE BACK BY SMZ3438K SO HARD THAT THEIR AIR BAG DEPLOYED AND THEIR CAR STARTED TO SMOKE INSIDE AND OUTSIDE.
 MY NECK AND SHOULDER STARED ACHING LAST NIGHT, AND I WILL GO FOR A CHECKUP.

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	SMZ3438K
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHIA WEI TJIEH
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	-
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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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.
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.

Alia

Alia

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7044

Policyholder's Signature / Date &
Time 26/1/23 1210hrs

Driver's Signature (If driver is not the policyholder) / Date
& Time 26/1/23 1210hrs

Witnessed by Reporting Centre
Personnel

Sketch Plan

A: SDS3268C

B: SM23438K

CTE

Diagram showing vehicle positions and directions:

Describe Circumstances of the Accident

I was driving along CTE towards city on 25/1/23 at 1840 hrs, and the car in front of me had stopped due to traffic jam.


I also stopped and turned on my ~~traffic~~ hazard lights to warn the cars behind.

After stopping for a period of time, I was suddenly hit from the back by SM23438K so hard that their air bags deployed and their car started to smoke inside and outside.

My neck and shoulders started aching last night, and I will go for a checkup.

Declaration

We declare the foregoing particulars are true in every respect.


Policyholder's Signature / Date & Time

26/1/23
1210 hrs

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

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
Witnessed by Reporting Centre
Personnel (Claims Section)