

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	09/02/2023 12:03 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	08/02/2023 17:54 (SGT)
Exact Location of Accident	Near 455 Choa Chu Kang Ave 4, Block 455, Singapore 680455
Additional Location Information	KJE EXIT TO BRICKLAND ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU8472A
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHIANG MING CHERNG
NRIC No	SXXXX001E
Email Address	cherngs@gmail.com
Mobile Phone No	(Phone) +65-97421299
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	ALTIS
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	1598

INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z/22/VP05/032187

DRIVER

Name of Driver	CHIANG MING CHERNG
NRIC No	SXXXX001E
Date Of Birth	26/12/1974
Occupation	Indoor

Date Of Driving Pass	16/11/2000
Driving experience	22 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97421299
Alt. Phone Number	-
Email Address	cherngs@gmail.com
Address	BLK 488D CHOA CHU KANG AVENUE 5
Address complement	#04-177
Postcode	684488
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	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)	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

ON 08/02/2023 AT ABOUT 1754 HOURS, I WAS TRAVELLING ALONG THE SLIP ROAD OF KJE EXIT TO BRICKLAND ROAD. AT THAT TIME, IT WAS RAINING AND THE ROADS WERE WET. WHEN I NOTICED THAT THE VEHICLE IN FRONT OF ME (REGN NO: SGQ1297G) SLOWED DOWN AND STOPPED, I ALSO SLOWED DOWN AND THEN CAME TO A COMPLETE STOP. MOMENTS LATER, I HEARD A VERY LOUD BANG AND FELT MY VEHICLE (REGN NO: SGU8472A) JOLTED TWICE WITH GREAT IMPACT. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME (REG NO: SMX5423A) HAD COLLIDED INTO THE REAR PORTION OF MY STATIONARY VEHICLE (SGU8472A). THE IMPACT WAS SO GREAT THAT IT CAUSED MY VEHICLE TO MOVE FORWARD AND LIGHTLY CAME INTO CONTACT WITH THE REAR PORTION OF THE FRONT VEHICLE, SGQ1297G. NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS. I ALSO NOTICED THAT ANOTHER VEHICLE (REGN NO: SMA4885C) HAD COLLIDED INTO THE REAR PORTION OF SMX5423A.

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	FILES TOO BIG.

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX5423A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	JOEVIN NG ZHONG KAI
NRIC No	SXXXX802Z
Contact Number	(Phone) +65-89330591
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	MODERATE DAMAGE
Details of property damaged in accident	FRONT AND REAR PORTIONS DAMAGED
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGQ1297G
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Black
Vehicle Category	Private car
Name of Driver	-
Contact Number	(Phone) +65-92359809
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SLIGHT DAMAGE
Details of property damaged in accident	REAR PORTION SLIGHTLY DAMAGED
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMA4885C
Vehicle Manufacturer	Honda
Vehicle Model	Shuttle
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	MOHAMED ALI S/O MUBARAK HUSSAIN
NRIC No	SXXXX990B
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	SERIOUS DAMAGE
Details of property damaged in accident	FRONT PORTION BADLY DAMAGED
No. Of Passenger (Including Driver)	1

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.

Chiang

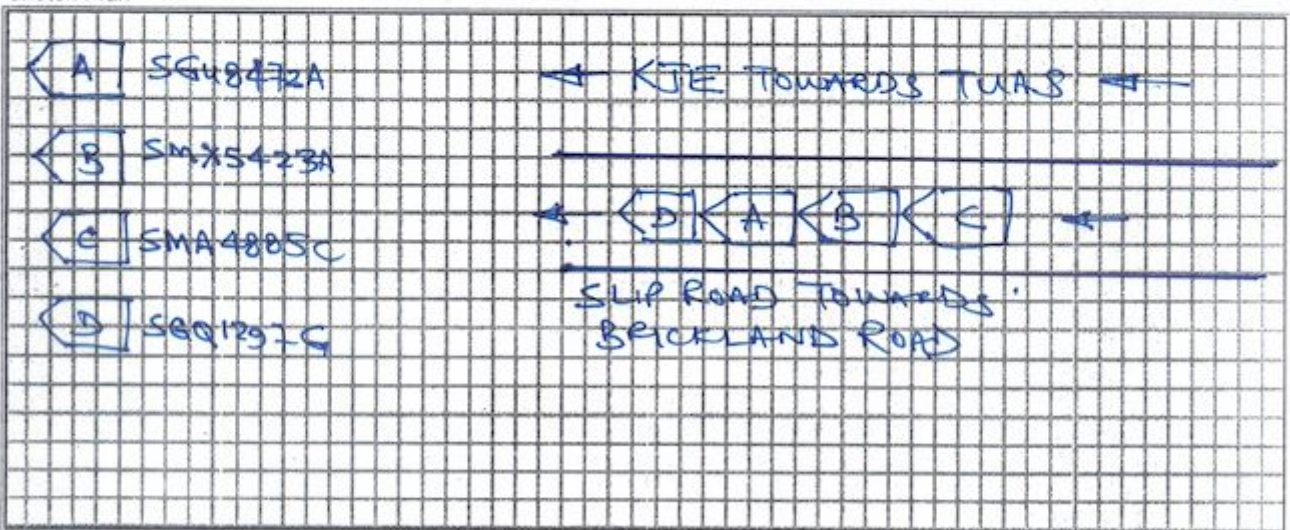
Policyholder's Signature / Date & Time
08/02/23 2140HRS

Sketch Plan

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

Lim Puy Hong Victor

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



Describe Circumstance of the Accident

REFER TO REPORT

Declaration

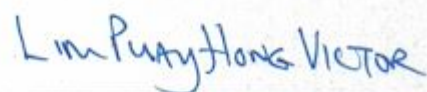
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

08/02/23 2140483

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



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















