

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	31/03/2023 10:51 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	29/03/2023 19:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE2686M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	Wagle, Shantanu
NRIC No	SXXXX206A
Email Address	Rswagle@singnet.com.sg
Mobile Phone No	(Phone) +65-96286820
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Lexus
Model	Es250
Variant	Es250
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	2494

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MT 00704987

DRIVER

Name of Driver	Wagle, Shantanu
NRIC No	SXXXX206A
Date Of Birth	12/09/1970
Occupation	Indoor

Date Of Driving Pass	05/08/2000
Driving experience	22 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96286820
Alt. Phone Number	-
Email Address	Rswagle@singnet.com.sg
Address	5 Tampines Street 86 #04-18
Address complement	-
Postcode	528585
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	3
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

Report refer sketch plan

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	SLP6034L
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	SH6611E
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)	-

Form 3 (Rev. 01/2012)

IMPORTANT NOTICE

1. Please report promptly the date of the accident to SPCA or the police.
2. This form must be completed by the PC (A) inside of 24 hours after the accident.
3. Information provided must be as accurate as possible. Any willful misrepresentation or withholding of facts may result in criminal prosecution or civil liability.
4. The issuance and completion of this form by insurance companies is not an admission of policy liability on the part of the insurance company.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurer to the GIA Records Management Centre established by the Government 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 cost and to the effect of the report being made available wherever.

3. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

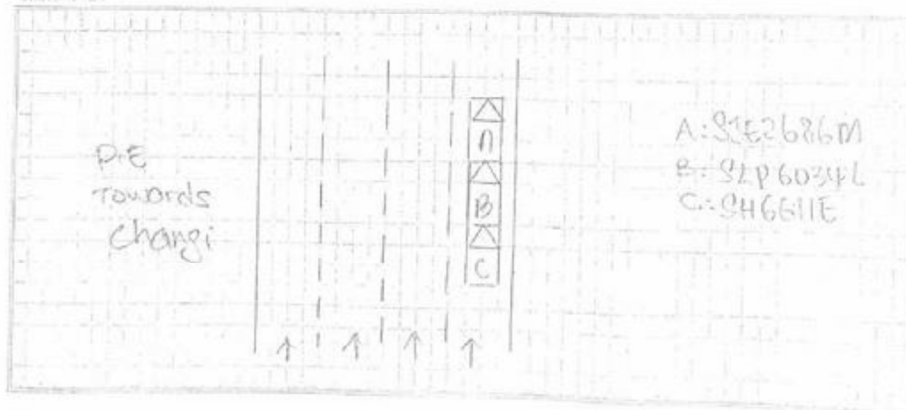
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, store and/or provide my personal data/personal information set out in this form and any other personal information provided as it is possessed by my insurer (including the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicles involved in this accident (all insurers who have insured vehicle(s) involved in the accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry of Transport of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 handling of correspondence, statements, invoices, reports or notices in this, which could include disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of a telephone or packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims, (collectively the "Purposes").
- (b) all insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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


Driver's signature (if owner is not the policyholder) / Date & Time


Witnessed by Reporting General Personal (Name as in NRIC/ID card)

Sketch Plan



Witness Circumstances of the Accident

On 29/03/23, at about 19:20hrs, I was travelling along PIE towards Changi before Eunos Flyover. I was driving straight on lane 1. The vehicle in front of me stopped. Noticing that, I followed suit and managed to come to a complete stop. Out of a sudden, I felt a huge impact from the rear. I alighted and realised vehicle B had collided onto the rear portion of my vehicle and it was a chain collision of 3 vehicles in total. I was the first vehicle from the front.


No one

Declaration

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


Driver's Signature (If driver is not the person making a statement)


Driver's Signature (If driver is not the person making a statement)


Witness's Signature (If witness is not the person making a statement)