



## 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	06/06/2023 17:01 (SGT)
Reported by	Actual Driver
Date of Accident	06/06/2023 09:28 (SGT)
Exact Location of Accident	Near 59 Tampines Central 7, Singapore 528597
Additional Location Information	TRAFFIC JUNCTION OF TAMPINES AVENUE 12 & TAMPINES AVENUE 9
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF320B
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	S ELANGO VAN
NRIC No	SXXXX715B
Email Address	elvgovan@hotmail.com
Mobile Phone No	(Phone) +65-81824574
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
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	1598

#### INSURANCE COMPANY

Name of Insurance Company	Lonpac Insurance Bhd
Policy Number / Cover Note Number	Z23VP05033110

#### DRIVER

Name of Driver	ELANGIREN ELANGO VAN
NRIC No	SXXXX012D
Date Of Birth	21/03/1999





Occupation	Indoor
Date Of Driving Pass	13/03/2018
Driving experience	5 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92712852
Alt. Phone Number	-
Email Address	EE.KIREN11@GMAIL.COM
Address	96 FLORA ROAD
Address complement	#08-53
Postcode	507007
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	LIGHT DRIZZLE
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
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	MANOJ JEYAPALA
Gender	Male

#### PASSENGER 2

Name	LAM KE JYE LEON
Gender	Male

#### 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 06/06/2023 AT ABOUT 0928 HOURS, I WAS TRAVELLING ALONG TAMPINES AVENUE 12 TOWARDS TAMPINES AVENUE 9. AT THAT TIME, THE VEHICLE IN FRONT OF ME STOPPED AS THERE WAS ANOTHER VEHICLE MAKING A U-TURN IN FRONT. ON SEEING THAT I SLOWED DOWN MY VEHICLE (REGN NO: SJF320B) AND THEN CAME TO A STOP. MOMENTS LATER, I HEARD A VERY LOUD BANG AND FELT MY VEHICLE JOLTED FORWARD. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME (REGN NO: SLT2131U) HAD COLLIDED INTO THE REAR PORTION OF MY STATIONARY VEHICLE (SJF320B). THE IMPACT WAS SO GREAT THAT IT CAUSED MY VEHICLE TO MOVE FORWARD AND HIT THE REAR PORTION OF THE FRONT VEHICLE (REGN NO: SLE5351K). NEXT I ALIGHTED FROM MY VEHICLE TO CHECK ON THE DAMAGES, TOOK PHOTOS AND EXCHANGED PARTICULARS. LATER THE POLICE AND AMBULANCE CAME TO THE SCENE. AFTER ATTENDING TO THE REAR DRIVER AND ALL THE VERIFICATIONS, THEY LEFT THE SCENE.



## 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 SLT2131U  
 Vehicle Manufacturer Seat  
 Vehicle Model Leon  
 Vehicle Variant -  
 Vehicle Colour Blue  
 Vehicle Category Private car  
 Name of Driver SIM BINGWEN DARIUS  
 NRIC No SXXXX710G  
 Contact Number (Phone) +65-87499467  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage FRONT PORTION DAMAGED  
 Details of property damaged in accident FRONT PORTION DAMAGED  
 No. Of Passenger (Including Driver) 3

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLE5351K  
 Vehicle Manufacturer Honda  
 Vehicle Model Odyssey  
 Vehicle Variant -  
 Vehicle Colour Black  
 Vehicle Category Private car  
 Name of Driver MAH GUAN HENG (MA YUANHENG)  
 NRIC No SXXXX264Z  
 Contact Number (Phone) +65-88099911  
 Address -  
 Address complement -  
 Postcode -  
 Insurance Company Name -  
 Nature Of Damage REAR PORTION DAMAGED  
 Details of property damaged in accident REAR PORTION DAMAGED  
 No. Of Passenger (Including Driver) 1

## INJURED PERSONS DETAILS

## INJURED 1

Name of injured person SIM BINGWEN DARIUS  
 Gender Male  
 Phone No (Phone) +65-87499467  
 Address -  
 Address Complement -  
 Post Code -  
 Approximate Age Years Old -  
 Injuries Sustained CUT ON THE FINGER  
 Injured person in which vehicle? SLT2131U  
 Were seat belts worn? Yes  
 Was this injured conveyed to hospital by ambulance? No



**SKETCH PLAN**

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

I understand, acknowledge, agree and consent that:

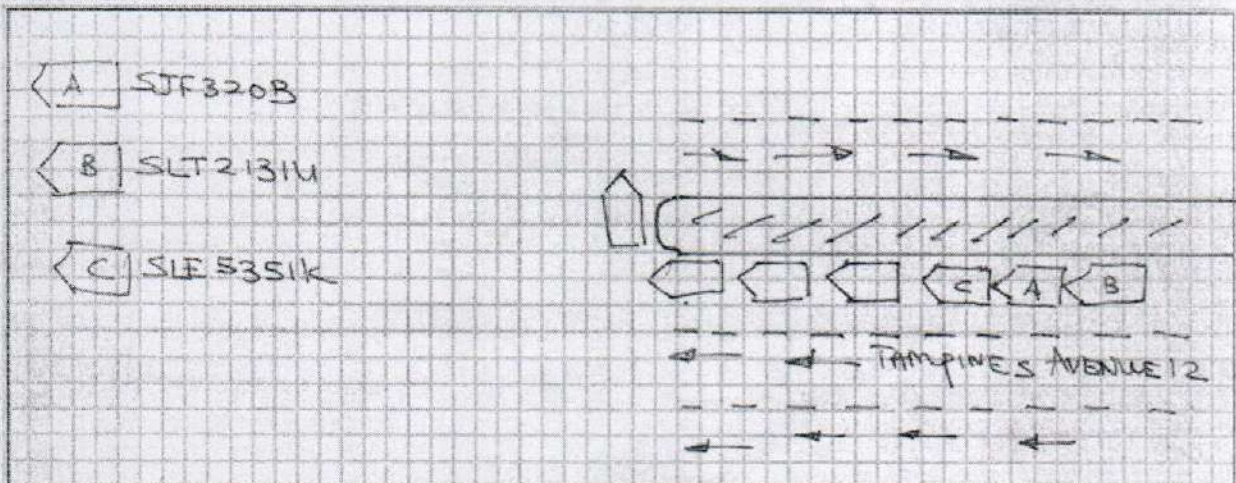
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

Actual Driver's Signature (if driver is not the policyholder) / Date & Time 06/06/23  
1300HR's

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

Sketch Plan



vJun2022



Describe Circumstance of the Accident

REFER TO REPORT

Declaration

(We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time

Actual Driver's Signature (if driver is not the policyholder)

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

/ Date & Time 06/06/23  
1300HRS

Lim Puay Hong Victor