

## 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 .....	08/06/2023 12:25 (SGT)
Reported by .....	Actual Driver
Date of Accident .....	07/06/2023 14:29 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	JALAN TENAGA
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	GX2073S
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#### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	SING CHONG STATIONARY CO PTE LTD
Company Reg No .....	197301171N
Email Address .....	BCNEO5502@GMAIL.COM
Mobile Phone No .....	(Phone) +65-62729989
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Liteace
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Employment
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Commercial vehicle
Transmission .....	Manual
CC .....	2200

#### INSURANCE COMPANY

Name of Insurance Company .....	MS First Capital Insurance Ltd
Policy Number / Cover Note Number .....	D-23100644MCVP

#### DRIVER

Name of Driver .....	NEO BIN CHIAT
NRIC No .....	S1304249G
Date Of Birth .....	30/11/1958
Occupation .....	Outdoor

Date Of Driving Pass .....	25/06/1979
Driving experience .....	44 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96234790
Alt. Phone Number .....	-
Email Address .....	BCNEO5502@GMAIL.COM
Address .....	BLK 107 TOWNER RD #11-342
Address complement .....	-
Postcode .....	321107
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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? .....	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

SEE ATTACHED 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 .....	SMU811L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	LEE KAI EN WILLIAM
NRIC No .....	S9342768H

Contact Number .....	(Phone) +65-94520240
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMM5850H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SENTHILKUMARAN KARTHIKAYINI
NRIC No .....	S8872157H
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE C
No. Of Passenger (Including Driver) .....	-

**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

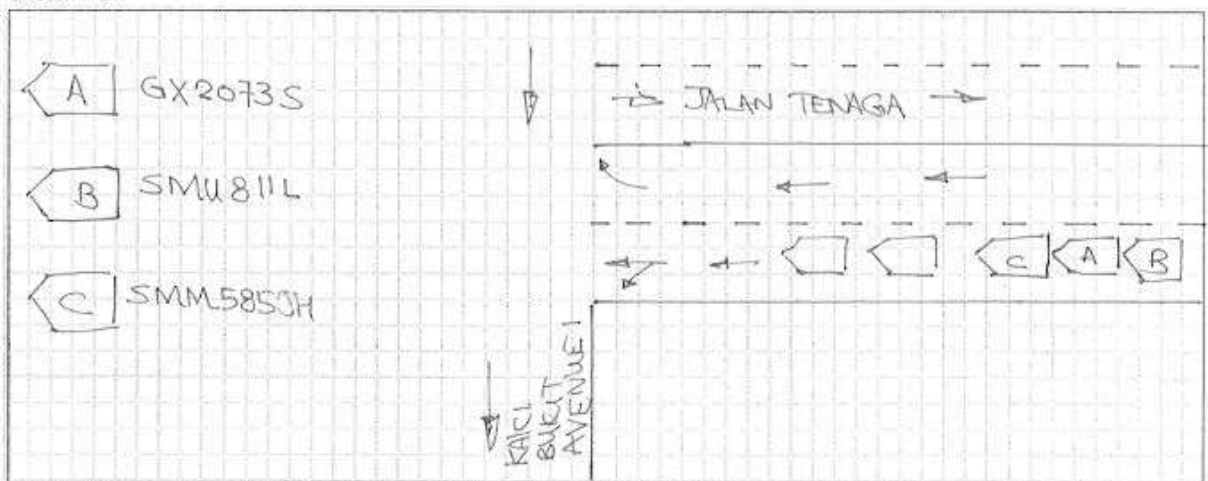
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third-party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

  
Policyholder's Signature / Date & Time

  
Actual Driver's Signature (if driver is not the policyholder) / Date & Time 08/06/23

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

**Sketch Plan**



vJun2022

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

*[Signature]*

Actual Driver's Signature (if driver is not the policyholder)  
/ Date & Time 08/06/23



*[Signature]*

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

ON 07/06/2023 AT ABOUT 1429 HOURS, I WAS TRAVELLING ALONG JALAN TENAGA TOWARDS KAKI BUKIT ROAD 3 DIRECTION. AT THAT TIME, THE TRAFFIC LIGHTS AT THE JUNCTION OF JALAN TENAGA/KAKI BUKIT AVENUE 1 WERE RED. MY VEHICLE (REGN NO: GX2073S) WAS STATIONARY BEHIND A FEW OTHER VEHICLES AT THE LIGHTS WERE STILL RED.

MOMENTS LATER, I HEARD A LOUD BANG SOUND AND FELT ME VEHICLE JOLTED FORWARD. I IMMEDIATELY REALISED THAT THE VEHICLE BEHIND ME, A MAZDA (REGN NO: SMU811L) HAD COLLIDED INTO THE REAR PORTION OF MY STATIONARY VEHICLE (GX2073S). THE IMPACT WAS SO GREAT THAT IT CAUSED MY VEHICLE TO MOVE FORWARD AND LIGHTLY HIT ONTO THE REAR PORTION OF THE FRONT VEHICLE, A HONDA (REGN NO: SMM5850H).

NEXT I ALIGHTED FROM MY VEHICLE TO TAKE PHOTOS AND EXCHANGED PARTICULARS.

AT THE MOMENT, I HAVE SOME DISCOMFORT ON MY NECK AND BACK REGIONS AND WILL SEEK MEDICAL ATTENTION IF NECESSARY.