

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	11/07/2023 15:20 (SGT)
Reported by	Actual Driver
Date of Accident	11/07/2023 07:30 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS CHANGI BEFORE ENG NEO EXIT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMK8306D
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Company Reg No	201826883W
Email Address	SUPREMELEASINGSG@GMAIL.COM
Mobile Phone No	(Phone) +65-86836000
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5119549919-02-000010

DRIVER

Name of Driver	CHONG CHEE KHAN
NRIC No	S7116973A
Date Of Birth	14/05/1971
Occupation	Outdoor

Date Of Driving Pass	22/03/2010
Driving experience	13 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81384922
Alt. Phone Number	-
Email Address	SUPREMELEASINGSG@GMAIL.COM
Address	BLK 450D BUKIT BATOK WEST AVE 6 #19-673
Address complement	-
Postcode	654450
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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	2
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)	2
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	UNKNOWN
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 11/07/2023 AT ABOUT 0730HRS, AT ALONG PIE TOWARDS CHANGI BEFORE ENG NEO EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE ON THE ABOVE MENTIONED ROAD AND WHEN MY FRONT VEHICLE SLOWED DOWN AND STOP DUE TO HEAVY TRAFFIC, HENCE I FOLLOWED SUIT. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND AND THE IMPACT FORCED MY VEHICLE TO HIT ONTO THE FRONT VEHICLE C. AFTER I ALIGHTED, I REALISED THAT IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF MY VEHICLE A CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 3 VEHICLES INVOLVED. I HAVE ONE PASSENGER ONBOARD. AFTER THE ACCIDENT, I FELT DISCOMFORT AND WILL CONSULT THE DOCTOR LATER.

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	SML4868U
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	VEHICLE B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKX2518D
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	VEHICLE C
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	CHONG CHEE KHAN
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMK8306D
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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

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

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

Sketch Plan

Handwritten note: PIE towards Changi before Eng Neo exit

(A) SMK8306D 1
(B) SML4868M
(C) SKX2518D

Describe Circumstance of the Accident

On 11/07/2023 At about 0730hrs at along AE towards Changi before Eng Neo Exit. I was travelling on the extreme right lane on the above mentioned road and when my front vehicle slow down and stop due to heavy traffic, hence I follow suit. Suddenly, I heard a loud bang from behind and the impact forced my vehicle to hit into the front vehicle (c). After I alighted, I realised that it was vehicle (B) who hit into the rear portion of my vehicle (A) causing damages to my vehicle. It was a chain collision of total 3 vehicles involved. I have 1 passenger onboard. After the accident, I felt discomfort and will consult the doctor later.

(A) SMK 8306D

(B) SML 4868U

(C) SKX 2518D

Declaration

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



Policyholder's Signature / Date & Time

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

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