

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	21/07/2023 16:04 (SGT)
Reported by	Actual Driver
Date of Accident	20/07/2023 17:55 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	PIE TOWARDS CHANGI (AFTER STEVEN ROAD EXIT)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG3400P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LAU KHOW CHOO
NRIC No	SXXXX936G
Email Address	OLIVERNG.KLC@GMAIL.COM
Mobile Phone No	(Phone) +65-90290658
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Camry
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	2487

INSURANCE COMPANY

Name of Insurance Company	Tokio Marine Insurance Singapore Ltd
Policy Number / Cover Note Number	23-MQ002396-R02

DRIVER

Name of Driver	NG BOON KENG
NRIC No	SXXXX867Z
Date Of Birth	08/05/1963
Occupation	Outdoor

Date Of Driving Pass	25/07/1981
Driving experience	42 YEARS
Gender	Male
Mobile Number	(Phone) +65-93878995
Alt. Phone Number	-
Email Address	OLIVERNG.KLC@GMAIL.COM
Address	BLK 415 BEDOK NORTH AVENUE 2 #12-101
Address complement	-
Postcode	460415
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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)	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	PWINT
Gender	Female

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

REFER TO ATTACH

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLE4130M
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	GBH6617R
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

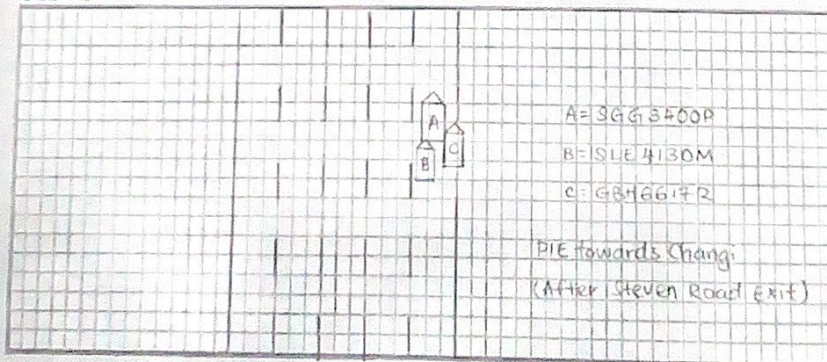
1. Please report accurately the details of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Actual Driver.
3. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may place insurance companies to **reassess their liability**.
4. The truth and accuracy of this Form by insurance companies is not an admission of liability on the part of the insurers or companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded to the Insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the report will be available made available upon request by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the availability of this report to the Insurers and to copies of the report being made available elsewhere.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that:
 - (i) My insurer, my workshop and the General Insurance Association (GIA) may collect, use, disclose and/or process my personal data/become information in the past, present and future accident information provided by me or possessed by my insurer (collectively the "Personal Information") for the purpose and/or other purposes information to all insurers who have insured vehicles involved in this accident and to the relevant authorities involved in the accident and be collectively referred to as the "Insurers"; the Insurers' use of the information is for the purpose of Singapore and any relevant government agency/authority (such as the police) for the investigation of the accident;
 - (ii) processing, handling and/or dealing with my claims including the settlement of the claim and any necessary investigations relating to the claims;
 - (iii) investigating the accident and/or my claims;
 - (iv) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (v) 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 claim as well as on the external cover of envelopes/mail packages); and/or
 - (vi) complying with applicable law in administering, processing, handling and/or dealing with my claims.
 - (b) collectively the "Purposes";
 - (c) all insurers who have insured vehicles 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
 - (d) my Personal Information may also be disclosed by any of the insurers and/or GIA to their third-party service providers (including their lawyers/law firms), which may be based 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 card)

Sketch Plan




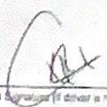
SKETCH PLAN #2


Sketch Plan #2

Refer to Attached

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 to NRICID card)

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SKETCH PLAN #3

On 20.07.2023 at about 17:55 hours along PIE towards Changi (After Steven Road Exit), I was travelling straight on lane 1 at the above mentioned location and when the front vehicle slowed down and stopped, hence I also slowed down my vehicle (A).

Suddenly, I heard loud bangs and felt great impacts from behind. When I alighted, I then realised it was vehicle (B) and vehicle (C) both collided onto my vehicle (A).

It was a chain collision of total of 3 vehicles involved and I have 1 passenger in my vehicle (A).

Vehicle (A): SGG 3400P

Vehicle (B): SLE 4130M

Vehicle (C): GBH 6617R

