

## 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 Authorised 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 ability
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 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 Report	26/05/2016 15:47
Date Of Accident	25/05/2016 10:00
Exact Location Of Accident	LORNIE ROAD TOWARDS QUEENSWAY
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE7891Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PIN DECOR
Co Reg No	52843218D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-87821829

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 3.0 DIESEL TURBO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5078668886
Cover Note Number	

### Driver

Name of Driver	YANG YONGDONG
Passport No/FIN	G6947797L
Date Of Birth	27/12/1976
Occupation	Outdoor
Date Of Driving Pass	21/02/2012
Driving Experience	4 Years And 3 Months
Gender	Male
Mobile Number	(Local) +65-87821829
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 27 UPPER CHANGI ROAD #13-678
Postcode	S462027
Was driver an employee of the Insured's Company	Yes
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	5

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

ON 25/05/2016 @ 1000HRS, I WAS TRAVELLING ALONG LORNIE ROAD TOWARDS FARRER ROAD ON LANE 3. DUE TO THE RED TRAFFIC LIGHT, MY VEHICLE STOPPED. SUDDENLY, THE VEHICLE B (SJZ2921Z) HIT ONTO THE REAR PORTION OF MY VEHICLE. (ATTENDED BY IFAH)

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ2921Z
Vehicle Make/Model/Colour	MINI
Details Of Properties	UNKNOWN
Name of Driver	UNKNOWN
NRIC/Passport Number	UNKNOWN
Contact Number	91773127
Address	UNKNOWN
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

**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;

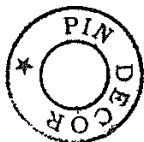
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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.



*[Signature]*

Policyholder's Signature / Date & Time

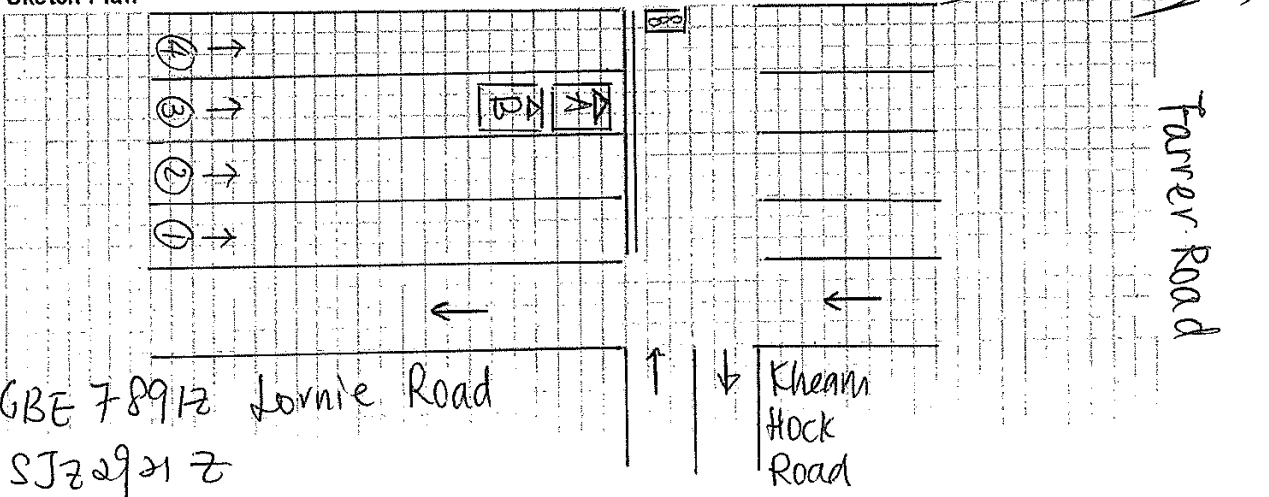
*[Signature]*

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

**DAC SIN MING (VAC)**  
385 Sin Ming Drive  
Singapore 575718  
Tel: 6455 5358 (ARC)  
Fax: 6452 6621

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

I was travelling along Lornie Road towards Farrer Road on lane 3. Due to the "RED" traffic light, my vehicle stopped. Suddenly the vehicle R hit my vehicle rear portion.

Declaration

We declare the foregoing particulars are true in every respect.



*[Signature]*

Policyholder's Signature / Date & Time

*[Signature]*

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

IDAC SIN MING (VAC)  
385 Sin Ming Drive  
Singapore 575718  
Tel: 6455 5358 (ARC)  
Fax: 6452 6621

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



