

## 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	12/12/2017 16:29
Date Of Accident	11/12/2017 17:45
Exact Location Of Accident	ALONG SERANGOON CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	EP86J
Insured/Policyholder	
Name Of Registered Owner	SEAH KOK HWEE
NRIC No	S1739552A
Email Address	VICTORCAROL88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98158166
Alternative Phone No	OFFICE-64833167
Vehicle Particulars	
Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8G CVT
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091778456
Cover Note Number	
Driver	
Name of Driver	SEAH KOK HWEE
NRIC No	S1739552A
Date Of Birth	26/11/1966
Occupation	INDOOR
Date Of Driving Pass	11/06/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98158166
Fax Number	
Contact Number	OFFICE-64833167
EEmail Address	VICTORCAROL88@GMAIL.COM

Address	BLK 423 SERANGOON CENTRAL #02-346
Postcode	550423
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

#### 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

I WAS TRAVELLING WITH MY WIFE ALONG SERANGOON CENTRAL WHEN I SAW VEH B(TAXI) BEARING REG NO SHC8380P HIT ONTO REAR PORTION OF VEH VEH(C) BEARING REG NO SKJ9685G AT THE RED TRAFFIC LIGHT JUNCTION. I STOP MY VEH BEHIND VEH B WITHOUT ANY CONTACT, SUDDENLY VEH B REVERSED HIS VEH AND HIT ONTO MY FRONT PORTION OF MY VEH.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC8380P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKJ9685G  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

### Details of Witness

Name  
Phone Number  
Email Address

## DETAILS OF INJURED PERSON 1

Name YEO BEE BEE  
Approximate Age  
Injuries Sustain NECK & BACK  
Injured person in which vehicle? EP86J  
Were seat belts worn? YES  
Was injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### 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 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. The 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.

#### 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' law yers/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.

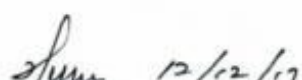
(collectively the "**Purposes**")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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

Sketch Plan

# Accident Sketch Plan

Describe Circumstances of the Accident

Upper Strangan Road

A - EP86J  
B - SHC8380P  
C - SKJ 9685G

VEH B HIT VEH C  
VEH B REVERSED AND  
HIT MY VEH

## Declaration

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

*[Signature]* 12/12/17  
Policyholder's Signature / Date & Time

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

*[Signature]* 12/12/17  
Witnessed by Reporting Centre Personnel

Individual Statement

On 11/12/17 at about 17.45pm

with my wife.  
I was travelling <sup>^</sup>alone Serangam Central when I saw  
this taxi SHC8380P hit onto a car <sup>(SKJ96856)</sup> in front of  
him.

I stop my vehicle behind the taxi when suddenly  
the taxi reversed and hit onto my car.

YEO BEE BEE

NRIC S1470192 C

DOB 20/11/1961

Injury Neck & Back Pain

Victor Seah: HP 98158166

OFF 64833167

victorcarol88@gmail.com

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

