

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	20/12/2017 12:05
Date Of Accident	18/12/2017 17:10
Exact Location Of Accident	ROCHOR RD/JALAN BESAR JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5019H
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Insured/Policyholder

Name Of Registered Owner	YUNG YEW CHUN
NRIC No	S7618317A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82680694
Alternative Phone No	OTHERS-82680694

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF-1.4 TSI (A7) (5G13GZ) (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5093841158
Cover Note Number	

Driver

Name of Driver	YUNG YEW CHUN
NRIC No	S7618317A
Date Of Birth	16/06/1976
Occupation	INDOOR
Date Of Driving Pass	12/10/2015
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82680694
Fax Number	
Contact Number	OTHERS-82680694
EEmail Address	NOEMAIL

Address	BLK 109 TECK WHYE LANE #06-560 SINGAPORE
Postcode	680109
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	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	1

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

At traffic junction, upon traffic light change to green my car (SLQ5019H) was still stationary as other cars in front has not move off yet. Then the vehicle behind me (GBA7078B) rear ended me while my car still stationary. we came down inspected our vehicles individually, exchange particulars. My vehicle rear bumper has multiple holes and boot dented. As no injuries we proceeded off and follow up with insurance claims on 19/12/2017. Location is at junction of Rochor Road /Jalan Besar in front Fu Lu Shou complex on 18/12/2017 at approximately 1715hrs.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBA7078B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	PU LEI YU
NRIC/Passport Number	
Contact Number	90030349
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

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7. By the lodgment 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' 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.


Policyholder's Signature
Date & Time: 19/12/17
1120hrs

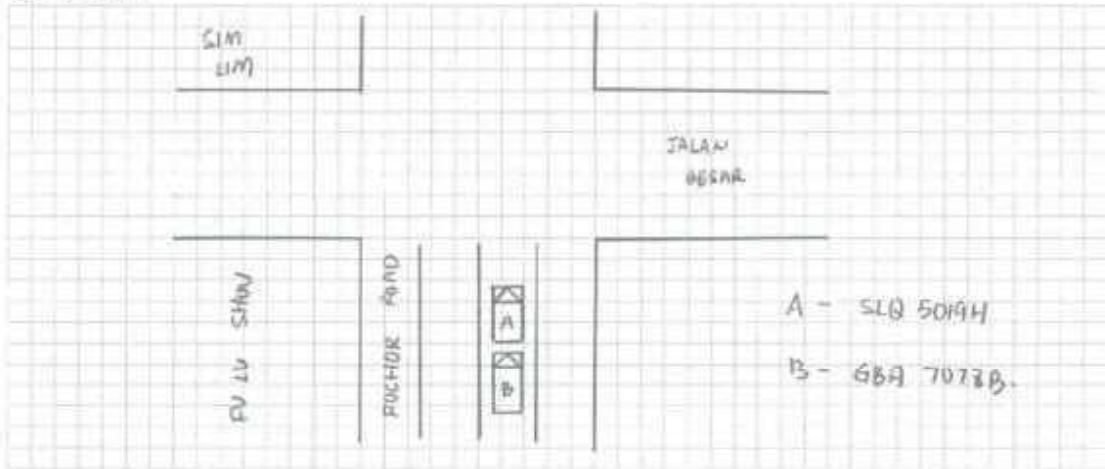

Driver's Signature
(If driver is not the policyholder)
Date & Time: 19/12/17
1120hrs

CITY AUTO PTE LTD
Blk 8 Sin Ming Road
#01-58/60/67 Sin Ming Ind Est
Singapore 575843
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature:
Name: VERNIA LAJ
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At traffic junction, upon traffic light change to green my car (SLQ 5019H) was still stationary as other cars in front has not move off yet.

then the vehicle behind me (GBA 7078B) rear ended me while my car was still stationary. We came down inspected our vehicles individually, exchange particulars. My vehicles rear bumper has multiple holes & boot dented. As no injuries we proceeded off and follow up with insurance claim on 19/12/2017.

Location is at junction of Rochor Road / In Besar in front Fu Lu Shan complex on 18/12/2017 at approximately 1715hrs

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:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6450 1234 Fax: 6453 7944

(Claims Section)
Reporting Centre Personnel's Signature
Name: YKINIA LAW
NRIC/FIN No.: