

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	22/12/2017 14:13
Date Of Accident	22/12/2017 08:30
Exact Location Of Accident	SLE TOWARDS MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX9402H
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Insured/Policyholder

Name Of Registered Owner	BUILD-MAX CONSTRUCTION PTE LTD
Co Reg No	198104579G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91551749
Alternative Phone No	OFFICE-64821886

Vehicle Particulars

Manufacturer	MAZDA
Model	3 2.0L SDN
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	5078106149-01
Cover Note Number	

Driver

Name of Driver	CHEN LI FEN
NRIC No	S7814610I
Date Of Birth	22/05/1978
Occupation	INDOOR
Date Of Driving Pass	13/12/2012
Driving Experience	5 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91551749
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	180 CACTUS ROAD
Postcode	809688
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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	CLEAR
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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE

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 THE LANE 1,ALONG SLE NEARING TO THE MANDAI EXIT,AT 08:30AM. ON 22nd DECEMBER 2017, THE CAR IN FRONT OF ME BRAKED, SO I BRAKED BUT GOT HIT BY THE CAR BEHIND. THE DRIVER IN FRONT,SAW NOTHING DAMAGED ON HIS CAR, DROVE OFF. I DID NOT MANAGE TO GET HIS CAR NUMBER AND DRIVER PARTICULARS.

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	SLF8487C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM KIAN NGEE
NRIC/Passport Number	S8082743A

Contact Number 82230119
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJV269H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver SEAH POH KHENG
NRIC/Passport Number S0010771I
Contact Number 93872366
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LEE MEN KHUAH
NRIC/Passport Number S2512027B
Contact Number 97810267
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.



BUILD-MAX
CONSTRUCTION PTE LTD
(Reg No 198104579G)

Policyholder's Signature: 
Date & Time: 11-03 06548



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 55613
Tel: 6453 1744 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature
Name: 
NRIC/IN No.:



Accident Sketch Plan

SKETCH PLAN

<p>SLE TOWARDS MANDAI EXIT</p> <div style="text-align: center; margin-top: 20px;">  </div>	<p>A - SKX 9402H</p> <p>B - SLE 8487C</p> <p>C - SJV 269H</p> <p>D - UNKNOWN</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the lane 1, along SLE heading to the Mandai exit, at 8:30 a.m. on 22 December 2017, the car in front of me braked, so I braked but got hit by the car behind. The driver in front, saw nothing damaged on his car, drove off. I did not manage to get his car number and driver particulars.

DECLARATION

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



BUILD-MAX
CONSTRUCTION PTE LTD
(Reg. No. 198104579G)

Policyholder's Signature: YORY BUILDING
Date & Time: ROAD #11-03
Tel: 67486848

[Signature]

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: 6453 1215 Fax: 6453 7944

Reporting Centre Name: CITY AUTO
Name: [Signature]
NRIC/FIN No.: