

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	26/12/2017 17:19
Date Of Accident	26/12/2017 12:40
Exact Location Of Accident	OLD AIRPORT ROAD (BEFORE MARKET)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1967R
Insured/Policyholder	
Name Of Registered Owner	YANG CHIU MING
NRIC No	S0238106J
Email Address	YANGCHIUMING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98238996
Alternative Phone No	HOME-63003864

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ATTRAGE-1.2 CVT (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	5090745275
Cover Note Number	

Driver

Name of Driver	YANG CHIU MING
NRIC No	S0238106J
Date Of Birth	30/08/1946
Occupation	INDOOR
Date Of Driving Pass	14/12/1963
Driving Experience	54 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98238996
Fax Number	
Contact Number	HOME-63003864
Email Address	YANGCHIUMING@YAHOO.COM.SG

Address	BLK 35 MARINE CRESCENT #04-83 SINGAPORE
Postcode	440035
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	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)	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

AS MY CAR WAS STATIONARY, SUDDENLY I FELT AN IMPACT FROM BEHIND, NOTICED VEHICLE B GZ5642U KNOCKED ME FROM BEHIND, MY CAR RHR PORTION DAMAGES.

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	GZ5642U
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	FENG TAO
NRIC/Passport Number	G5354875Q
Contact Number	64823601
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan



CYCLE & CARRIAGE - FULCO

MOTOR ACCIDENT REPORT FORM

BASIC INFORMATION			
Date of Report:	26/12/2017	Time:	1700
Date of Accident:	26/12/2017	Time:	1240
Exact Location of Accident:	Old Airport Road (Before Market)		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number:	SLD 1967R	Name of Registered Owner:	Yang Chiu Ming
NRIC/Passport No./FIN:	S0238106J	Company Reg. No.(for Company Veh):	
VEHICLE PARTICULARS			
Manufacturer:	MIT	Model:	Attrage
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle		
INSURANCE DETAILS			
Name of Insurance:	NTUC		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	5090745275		
Driver when the Accident Happen			
Name of Driver:	Yang Chiu Ming	NRIC/Passport/Fin No:	S0238106J
Date of Birth:	30/08/1946	Occupation:	Retirer
Date of Driving Pass:	14/12/1963	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	98238996	Home No.:	63003864
Address:	BLK 35 Marine Crescent #04-83 Postal Code 440035		
Email Address:	yangchiu ming@yahoo.com.sg		
Was the Driver an Employee of the Insured's Company:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No State the relationship of the driver to Insured owner		
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company:			
OTHER INFORMATION OF THE ACCIDENT			
Type of Accident:	3rd Party HIT Insured (Head to Rear)		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface:	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Which Police Station:			
Was notice of Intended Prosecution given:			
DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)			
Vehicle Registration Number:	GZ 5642U	Name of Registered Owner:	
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver:	Feng Tao	NRIC/Passport/Fin No:	G5354875Q
Mobile No.:		Home No.:	64823601
Address:	office	Postal Code	
Email Address:			
Insurance Company:			
Details of Witness if any			
Witness Name:			
Contact Number:			
Email Address:			
Details of Injured Person			
Name:	Age:		
Address:			
Injured Sustained:	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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.
- (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:

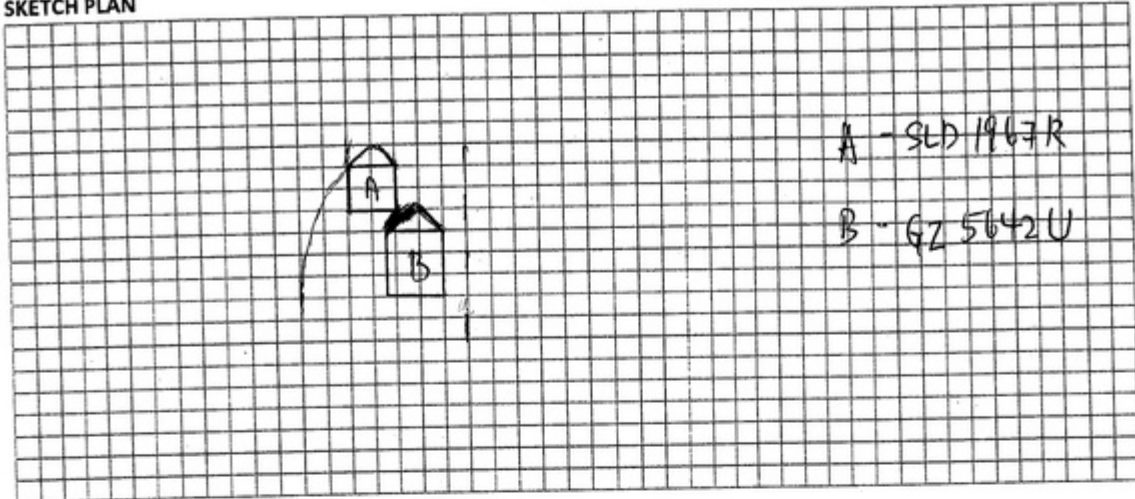
26/12/17 1500

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As my car was stationary, suddenly I felt an impact from behind, noticed vehicle B & knocked me from behind, my RHR portion damages.

QZ5642U

DECLARATION

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

Policyholder's Signature

Date & Time:

26/12/17 1500
GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Accident Photo



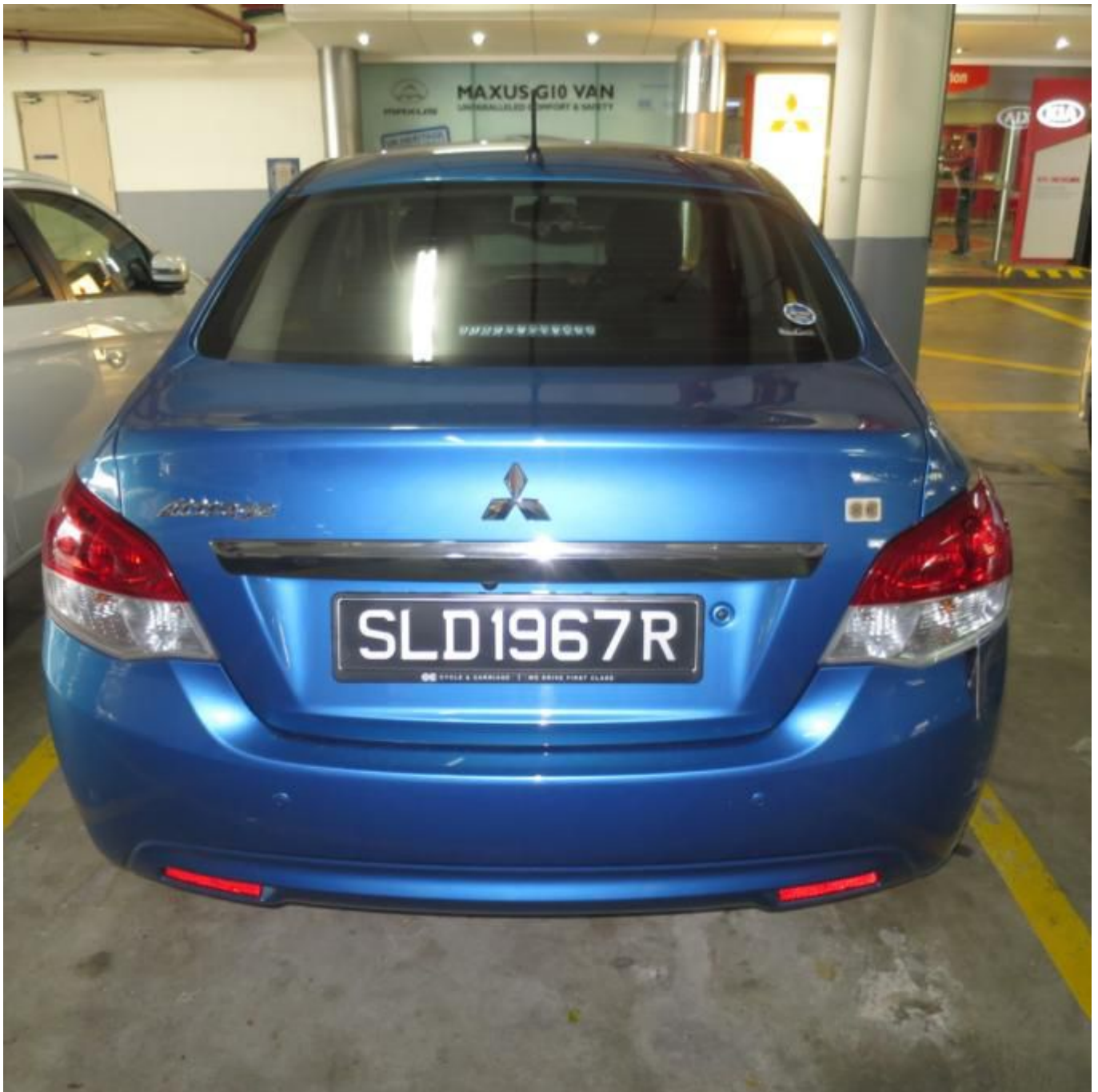
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

