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 witholding 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.

Singapore (GIA) for archiving and that copies of this report with a 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	12/01/2018 16:20
Date Of Accident	12/01/2018 08:50
Exact Location Of Accident	PIE(TUAS) NEAR EXIT 30 / 31
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKG8959P
Insured/Policyholder	
Name Of Registered Owner	TEOH HAN YUN (ZHANG HANYUN)
NRIC No	S8225597D
Email Address	TEOHEJOFFICIALWORK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96952633
Alternative Phone No	OTHERS-98612133

Vehicle Particulars

NISSAN Manufacturer

MARCH-1.2 (A) Model

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

Type Of Coverage

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5084110453-01

Cover Note Number

19/10/2017 - 18/10/2018

Driver

TEOH EE JIA Name of Driver S9003277A NRIC No 14/01/1990 Date Of Birth INDOOR Occupation Date Of Driving Pass 27/08/2009

8 YEARS AND 4 MONTHS Driving Experience

FEMALE Gender

(LOCAL) +65-98612133 Mobile Number

Fax Number

Contact Number EMail Address

TEOHEJOFFICIALWORK@GMAIL.COM

Address

BLK 213 BEDOK NORTH ST 1 #09-143

Postcode

460213

Was driver an employee of the Insured's Company NO If No, Relationship of the Driver with the Insured

SIBLING

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

RAINING

Road Surface

ambulance?

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

3

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

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

MY VEHICLE WAS TRAVELLING ON THE RIGHT LANE OF PIE(TUAS) NEAR EXIT 30/31. TRAFFIC WAS HEAVY, I WAS STOPPED STATIONARY AND VEHICLE B WAS STOPPED BEHIND MY VEHICLE. A FEW SECONDS LATER, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE REAR PORTION. UPON ALIGHT, IT WAS A CHAIN COLLISION INVOLVING THREE VEHICLES. NO ONE WAS INJURED.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLN950S NISSAN

Vehicle Make/Model/Colour

FRONT AND REAR PORTIONS

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

DAMIEN

NRIC/Passport Number

Contact Number

93278616

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SJQ7641X

KIA

FRONT PORTION

PRIVATE CAR

MARIAPPAN JEGANATHAN

93800874

2

Sketch Plan Pg. 1

NTUC Income Motor Service Centre Report Date: 1/12-2018 Start Time: 4:32 PM

IMPORTANT NOTICE

- SKETCH PLAN
- 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
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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.
- B. 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 insurer(s) who have insured vehicle(s) involved in this accident (all insurerts) who have insured vehicle(s) involved in this accident (all insurerts) who have insured vehicle(s) involved in this accident (all insurerts) who have insured vehicle(s) involved in this accident (all insurerts) who have insured vehicle(s) involved in this accident (all insurerts) who have insured vehicle(s) involved in this accident 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
- (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 reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.

1/12/2018 16:31

1/12/2018 16:31

Policyholder's Signature Date & Time

(If driver is not the policyholder)

Reporte Inn Centre Personnel's Signature Chen JunLiang fin No: S990765

SKETCH PLAN
(A) (C) (C)
B)
PIE(TUAS) NEAR EXIT 30/31
Vehicle A: SKG8959P Vehicle B: SLN950S Vehicle C: SJQ7641X
DESCRIBE CIRCUMSTANCES
MY VEHICLE WAS TRAVELLING ON THE RIGHT LANE OF PIE(TUAS) NEAR EXIT 30/31. TRAFFIC WAS HEAVY, I WAS STOPPED STATIONARY AND VEHICLE B WAS STOPPED BEHIND MY VEHICLE. A FEW SECONDS LATER, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE REAR PORTION. UPON ALIGHT, IT WAS A CHAIN COLLISION INVOLVING THREE VEHICLES. NO ONE WAS INJURED.
DECLARATION
I/We declare the foregoing particulars are true in everyrespect.
Policyholder's Signature Date & Time: Triver's Signature (Koriver is not the policyholder) Report ho Centre Personnel's Signature
Name Chen Juntiang URIC Fin No: S990705

ANNEX E

NOTICE OF REPORTING

This is to confirm that **Teoh Ee Jia**, NRIC: **S9003277A**, has reported to the Police a non-injury traffic accident which occurred at PIE towards TUAS, between exit 30 and 31, most right lane on 12/01/2018 at 08:50AM involving the following vehicles:

SKG 8959P - Red Nissan March SLN 950S - White Nissan SJQ7641X - Silver Kia

If accident was reported to the Police within 24 hrs of its occurrence, then he has 2. complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank / Name of Issuing officer: SGT Lee Wei Liang

No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

Date: 12/01/2018

Time: 1337 hrs

S/D Ref:

Police Post/ Unit: BEDOK NORTH NPC

Original - To be issued to informant Duplicate- to be submitted to Traffic Police