

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	12/01/2018 12:32
Date Of Accident	11/01/2018 19:30
Exact Location Of Accident	BKE HEADING WOODLAND
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR1155T
Insured/Policyholder	
Name Of Registered Owner	JUPRI BIN AHMAD
NRIC No	S7341921B
Email Address	JUPRI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97645231
Alternative Phone No	OFFICE-97645231
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	ORLANDO-1.4 (A)
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	
Cover Note Number	02684
Driver	
Name of Driver	JUPRI BIN AHMAD
NRIC No	S7341921B
Date Of Birth	23/11/1973
Occupation	INDOOR
Date Of Driving Pass	31/01/1994
Driving Experience	23 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97645231
Fax Number	
Contact Number	OFFICE-97645231
Email Address	JUPRI@HOTMAIL.COM

Address	603 CHOA CHU KANG ST 62
Postcode	680603
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	RAINING
Road Surface	WET

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?	
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
Passenger 1	
	NAME: : RAHIMAH BINTE RABU
	GENDER: : FEMALE

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

SEE REPORT ATTACHED

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	SKV9065H
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	81883733
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLJ4826M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	KOH
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	90036802
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SGY1911A
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	EE
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96831936
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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: 12/1/18

1210 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

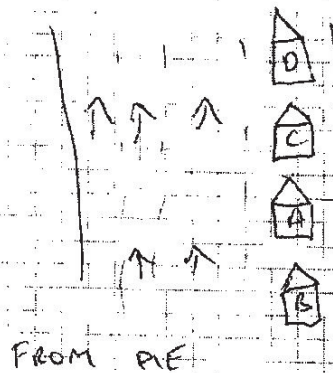
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

BKE TOWARDS WOODLANDS



- A: MYSELF (SLR1155T)
- B: SKV9065H - NISSAN ALMERA WHITE
DRIVER: ALVIN @ 81883733
- C: BLJ4826M - TOYOTA ALTIS GREY
DRIVER: KOH @ 90036802
- D: SGY1911A - MITSUBISHI LANCER EX
DRIVER: EEB @ 96831936 MAROON

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 11 JAN 2018 AROUND 730PM, I AM DRIVING FROM PIE ENTERING BKE. HEADING HOME TOWARDS CHOA CHUKANG. I AM TRAVELLING BETWEEN 55 TO 60KM/H AS WEATHER IS RAINING SLIGHTLY AND ROADS ARE WET. TRAVELLING ON LANE 1, I KEEP A SAFE DISTANCE TO THE FRONT CAR. ON ANTICIPATION OF CARS SLOWING DOWN, I AM PREPARED; BRAKING. OUT OF SUDEN, CAR (C) JAM BRAKE. I APPLIED MY BRAKE ACCORDINGLY. AT THAT INSTANT I HEARD A LOUD BANG AS CAR (C) HAD REAR END CAR (D). IT RESULTED CAR (C) TO STOP ABRUPTLY. AS I APPLIED BRAKE, I MANAGED TO STOP SAFELY BEHIND CAR (C). MOMENT LATER, I FEEL THAT A CAR BEHIND ME; CAR (B) HAD BANG MY REAR. DUE TO THE IMPACT MY CAR (A) HAD JERK FORWARD AND HIT REAR OF CAR (C). ALL DRIVERS ALIGHT FROM VEHICLE AND EXCHANGE PARTICULARS. ALL CARS HAVE 1 PASSENGER AND ACKNOWLEDGE NO CASUALTY. WE TOOK PHOTOS AND AS I HAVE FRONT AND REAR VIDEOS, I DO BELIEVE THAT I SHOULD NOT BE LIABLE FOR THE CHAIN COLLISION.

DECLARATION

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

Policyholder's Signature
Date & Time: 12/1/18
12-10 HRS

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

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

