

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 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	17/03/2018 19:11
Date Of Accident	17/03/2018 15:50
Exact Location Of Accident	CLEMENTI RD (TWDS BT TIMAH)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJS1357X
Insured/Policyholder	
Name Of Registered Owner	ANNIE 2017 TRANSPORT
Co Reg No	53369509X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97896148

Vehicle Particulars

Manufacturer	HONDA
Model	FREED-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE 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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5096302434
Cover Note Number	1/12/17 TO 30/11/18

Driver

Name of Driver	TEO WEE HUI
NRIC No	S7025753Z
Date Of Birth	30/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1992
Driving Experience	26 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97896148
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK705 YISHUN AVE 5, 02-216
Postcode	760705
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	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: : MALAY LADY (AGE 20+) GENDER: : FEMALE
Passenger 2	NAME: : MALAY LADY (AGE 20+) GENDER: : FEMALE
Passenger 3	NAME: : MALAY LADY (AGE 20+) 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

ACCIDENT OCCURED ON 17/3/18 @3.50PM ALONG CLEMENT RD TOWARDS BT TIMAH RD. AFTER THE ABOVE JUNCTION, TRAFFIC AHEAD SLOW DOWN AND CAME TO STOP DUE TO ROAD WORKS AHEAD. I FOLLOW LIKEWISE AND CAME TO STOP. NEXT I FELT AND IMPACT FROM BEHIND AND IT PUSH MY VEH FORWARD. UPON ALIGHTED , I REALISED I HAVE INVOLVED IN 3 CARS COLLISION. 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFR6675Y
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	FRONT LEFT
Vehicle Category	PRIVATE CAR
Name of Driver	TEO YONG GEN GLADWYN

NRIC/Passport Number	S7336378J
Contact Number	96262809
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKN3703G
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	REAR
Vehicle Category	PRIVATE CAR
Name of Driver	TAN HENG YOUNG
NRIC/Passport Number	S1351525E
Contact Number	97856776
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

VEHICLE NO.: 5951357X
INSURER: N776
DATE & TIME: 12/31/18 @ 3:50

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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)

(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 (b) above may be shared / disclosed:

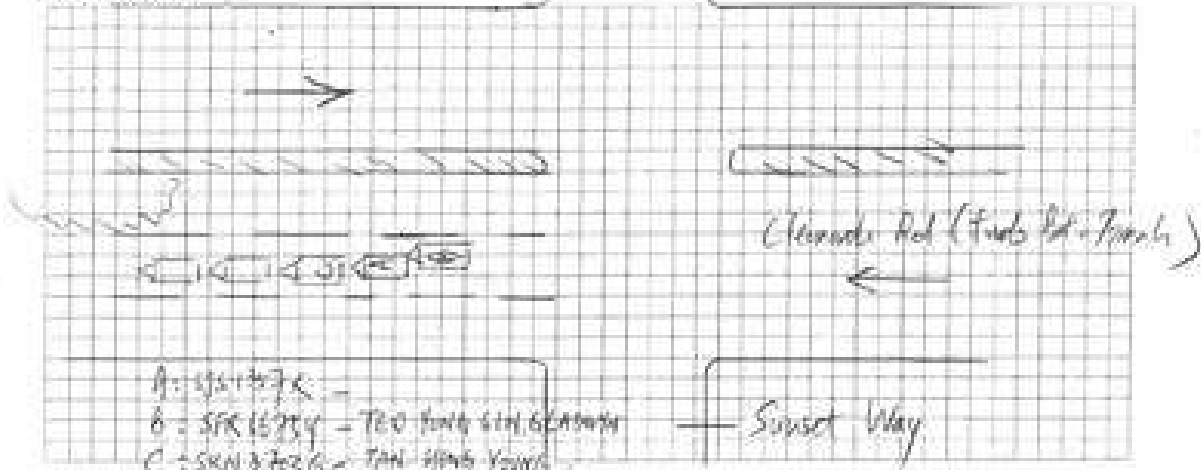
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature
Name: _____
NIB/C/IN No: _____

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on 17/3/18 @ 3:45pm along Chambers Rd towards Mt. Tanah Road. After the above junction traffic ahead slow down and came to stop due to road works ahead. I follow vehicle and came to stop. Next, I felt an impact from behind and it push my vehicle forward upon shifted. I realised I have involved in 3 cars collision. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information

DECLARATION

(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: _____

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

() Claim Own Policy () Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()