

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 11:15
Date Of Accident	17/03/2018 09:40
Exact Location Of Accident	PIE TOWARDS TUAS (BF EXIT 12 LANE 1)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV2761C
Insured/Policyholder	
Name Of Registered Owner	NG CHENG KWEE
NRIC No	S1152097I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91780971
Alternative Phone No	OFFICE-91780971

Vehicle Particulars

Manufacturer	NISSAN
Model	SJNFEAJ11U1448478

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	M493362
Cover Note Number	

Driver

Name of Driver	NG YAO XUAN, ADABELLE
NRIC No	S9007335D
Date Of Birth	27/02/1990
Occupation	INDOOR
Date Of Driving Pass	24/09/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96492773
Fax Number	
Contact Number	
EEmail Address	ADANGYX@GMAIL.COM

Address	BLK 112 # 12- 146 BUKIT BATOK WEST AVE 6
Postcode	650112
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	
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: : CHAN NING
	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

REFER TO SKETCH PLAN.

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	SLH1594L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ9045R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
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: 17/3/18 11:30 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/3/18 11:30 AM

Reporting Centre Personnel's Signature

Name:

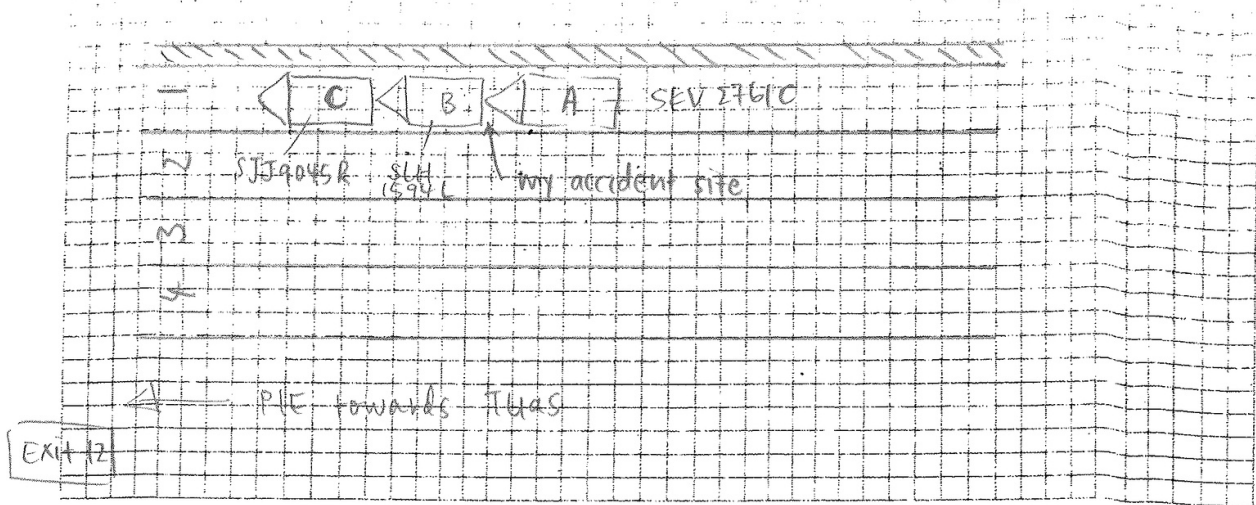
NRIC/FIN No.:

Please note that you might be able to submit an Own Damage Claim under own policy within 14 days.

☒ Claim Own Damage ☐ Claim TP ☐ Reporting Only ☐ Claim OD/TP at other workshop

Workshop name: _____

SKETCH PLAN



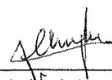
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

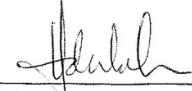
On 17th March 2018 at 0940hrs, while I was travelling in my vehicle SEV 2761C along PIE towards Tuas before exit 12 on lane 1 when the vehicle in front of me SLH 1594L jammed his brakes. I was travelling at approximately 80 km/h and upon seeing the vehicle in front stop, I too jammed my brakes. Unfortunately as the distance between our vehicles was small, I was unable to successfully stop my car safely and collided with the vehicle in front (SLH 1594L), resulting in damage to his rear bumper and boot as well as to my bonnet, front headlights and bumper.

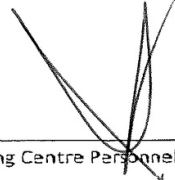
When all three drivers came out to exchange contact information, I enquired if there were any injuries and everyone replied that they were fine. No other passengers reported any injuries as well.

DECLARATION


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


 Policyholder's Signature
 Date & Time: 17/3/18 11:22hrs


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 17/3/18 11:22hrs


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

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9007335D



Name
NG YAO XUAN, ADABELLE
(HUANG YAOXUAN)
黄耀玄

Race
CHINESE

Date of birth
27-02-1990

Sex
F

Country of birth
SINGAPORE

39007335D


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9007335D

Name
NG YAO XUAN, ADABELLE
(HUANG YAOXUAN)


Birth Date 27 Feb 1990

Issue Date 24 Sep 2009



001787342J

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1152097I



Name
NG CHENG KWEE

Race
CHINESE


Date of birth
05-01-1956

Sex
M


Country/Place of birth
SINGAPORE

S1152097I

3686529



NRIC No. S9007335D



Date of issue
12-03-2005

Address
APT BLK 112 BUKIT BATOK WEST AVENUE 6
#12-146
SINGAPORE 650112

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


PASS DATE
24 Sep 2009

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg


NP 428A

License No: S9007335D

5281192



NRIC No. S1152097I



Date of issue
28-02-2014

Address
APT BLK 112 BUKIT BATOK WEST AVENUE 6
#12-146
SINGAPORE 650112

Accident Photo



Accident Photo



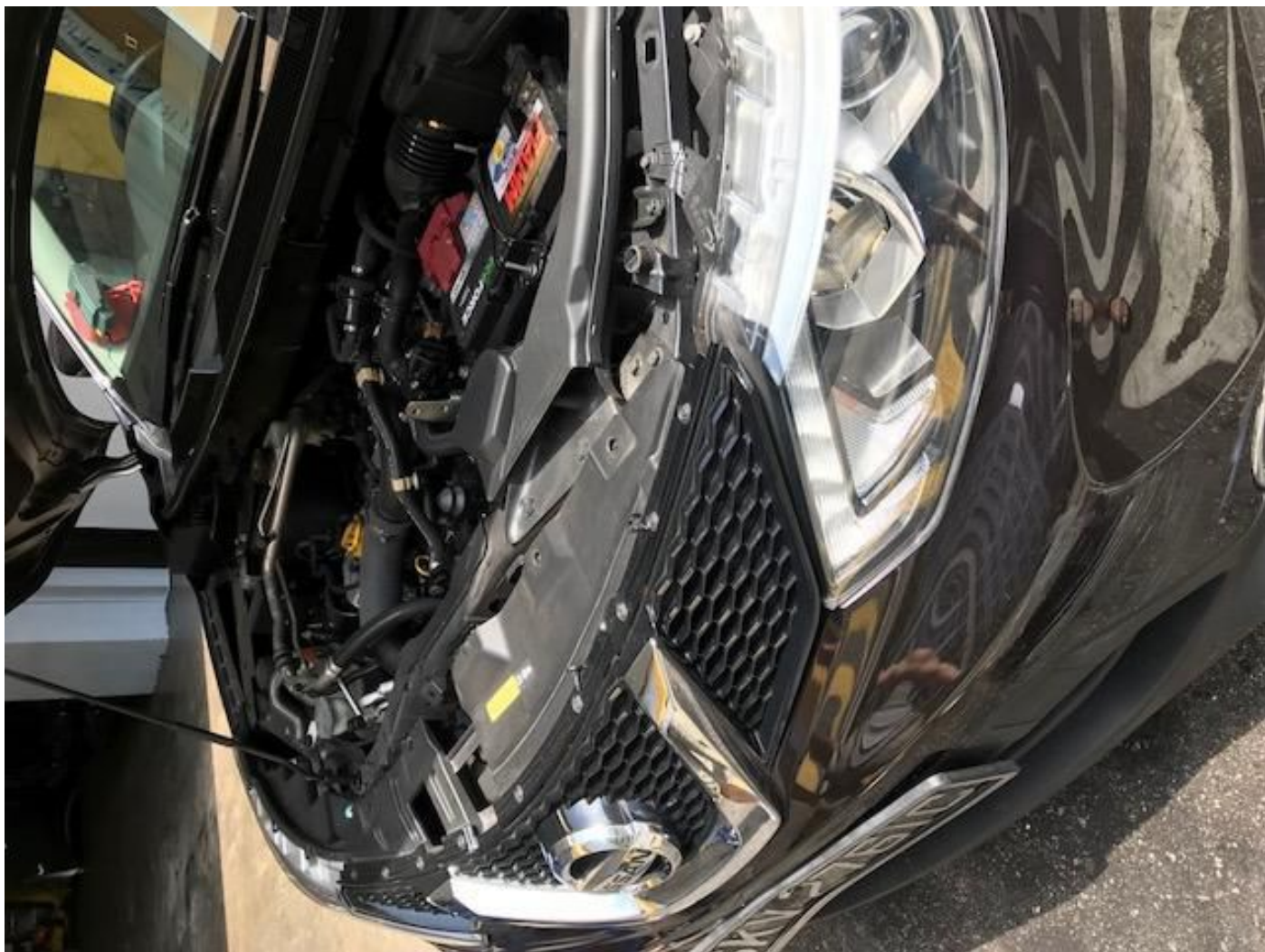
Accident Photo



Accident Photo



Accident Photo



Accident Photo

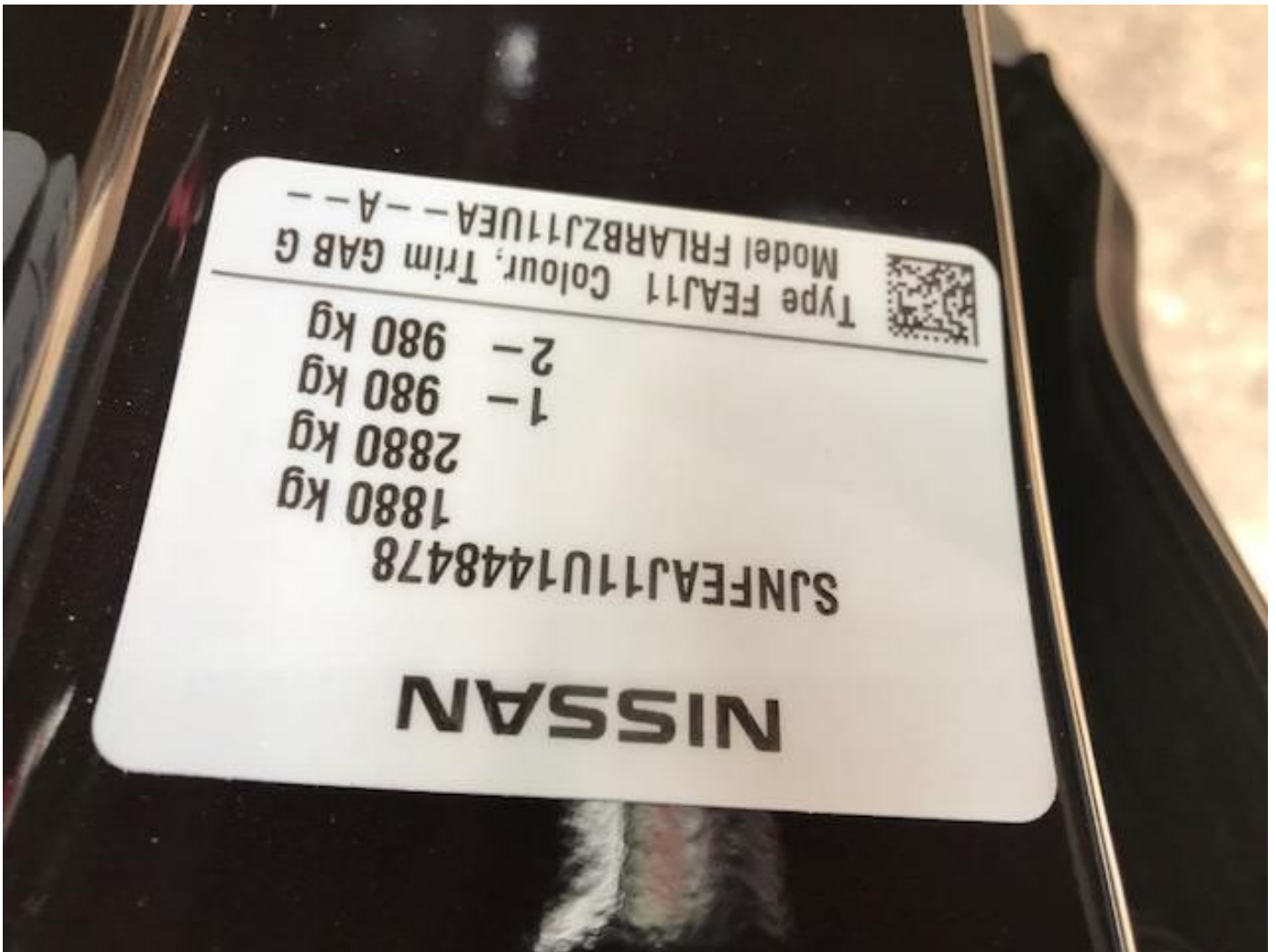


Accident Photo



Accident Photo





Accident Photo

