



## 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	02/04/2018 20:27
Date Of Accident	02/04/2018 13:30
Exact Location Of Accident	CTE EXIT TO PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE9298E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIN SHEN KHYE
NRIC No	S1513455J
Email Address	CHRISTINECHIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97739298
Alternative Phone No	OTHERS-91820436

### Vehicle Particulars

Manufacturer	FORD
Model	MONDEO
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?	YES
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If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVP000002344=00-000
Cover Note Number	

### Driver

Name of Driver	CHIN WAN YEE ,CHRISTINE (CHEN WANYI)
NRIC No	S8843323H
Date Of Birth	02/11/1988
Occupation	INDOOR
Date Of Driving Pass	29/09/2007
Driving Experience	10 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91820436
Fax Number	
Contact Number	OTHERS-97739298
Email Address	CHRISTINECHIN@GMAIL.COM

Address	BLK 121B CANBERRA STREET #14-729
Postcode	752121
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	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	2
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

PLEASE 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	PC138G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LIM BOON YAM
NRIC/Passport Number	S1696489A
Contact Number	90062916
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### SKETCH PLAN

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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)**

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.

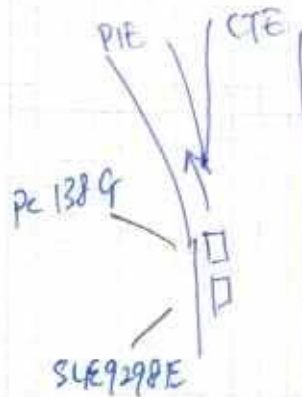
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Date & Time: 2 April 18 4:10pm

Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No. 9201 1234 5678

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting CTE onto PIE. I saw slow traffic towards the exit and began slowing down. The car almost came to a stop but suddenly shifted forward and hit onto the back of van PC 1386. Both parties checked the damaged of the both vehicles and confirmed no injury. The weather was clear and sunny, road was dry.

## DECLARATION

I/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: 2 April 18 4:10pm

Reporting Centre Personnel's Signature  
Name: Rosli A. A. A.  
NRIC/FIN No.: 03/06/2018

# Accident Statement

ACCIDENT DATE: 02 / 04 / 2018 (DD/MM/YYYY), TIME: 13 : 30 (HH:MM)

LOCATION: CTE exit to PIE

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SLE 9298 E  
 b) INSURANCE COMPANY: Great American  
 c) POLICY NUMBER: \_\_\_\_\_  
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)  
 e) MAKE & MODEL: FORD MONDEO  
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)  
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: CHIN ZHEN KUNE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: 31513455J CONTACT: 97739298  
 c) ADDRESS: BK 692A Choa Chu Kang Crescent  
Singapore 681692

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: CHIN WAN YEE CHRISTINE (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: S8843923H CONTACT: 91870436  
 c) ADDRESS: BK 121B Canberra Street  
Singapore 752121

\* d) DATE OF BIRTH: 02 / 11 / 1988 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)  
 i) DATE OF DRIVING PASS: 29/9/2007

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO)  
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: DAUGHTER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)  
 b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES/NO)

7. a) REPORTED TO POLICE (YES/NO)  
 IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: PC 138G MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: LIM BOON YAM  
 c) NRIC/FIN/PASSPORT: 51696489A CONTACT: 9006 2916

## 9. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) NRIC/FIN/PASSPORT: \_\_\_\_\_

Email: Christinechin8@gmail.com

fax: \_\_\_\_\_

video

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8843323H



Name

CHIN WAN YEE, CHRISTINE  
(CHEN WANYI)

陳婉儀

Race

CHINESE

Date of birth

02-11-1988

Sex

F

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S8843323H

Name

CHIN WAN YEE, CHRISTINE  
(CHEN WANYI)

Birth Date: 02 Nov 1988

Issue Date: 29 Sep 2007



001533044K



3442802



NRIC No: S8843323H

Date of issue

11-12-2003

APT BLK 121B CANBERRA STREET #14-729  
SINGAPORE 752121

NRIC No: S8843323H

Date: 08/11/2017

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

FASS DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 29 Sep 2007



Licence No: S8843323H

NP 428A

## CERTIFICATE OF INSURANCE

- Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960  
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy Details

Certificate Number	: MOMVP000002344-00-000	Cover	: Private Car (Comprehensive)
Policyholder Name	: Chin Shen Khye	Chassis Number	: WF0EXXWPCEFE02603
NCD Entitlement	: 50% No Claim Discount	Engine Number	: FE02603
Hire Purchase	: N/A	Registration Number	: SLE9298E
Period of Insurance	: From 03/06/2017 (16:21) To 02/06/2018 (23:59) (Both Dates Inclusive)		

### Persons or Classes of Persons entitled to Drive

- a) The Policyholder  
b) Any person who is driving on the Policyholder's order or with their permission  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

### Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business  
This Policy does not cover:

- a) Use for Hire and Reward  
b) Use for racing, pace making, reliability trial or speed testing  
c) Use for carriage of goods (other than samples) in connection with any trade or business  
d) Use for any purpose in connection with Motor Trade

\* Limitations rendered Inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)	: N/A	Workshop	: Dealer Workshop
Excess (Section 2)	: N/A	Off Peak Car	: No
Windscreen Excess	: SGD 100.00	NCD Protection	: Yes
ADDITIONAL EXCESS	: Please refer overleaf		

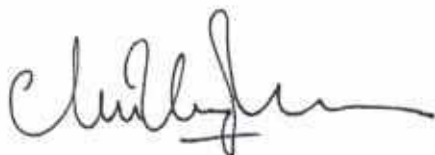
### Driver Details

Main Driver	: Chin Shen Khye
Named Driver 1	: Chin Wan Yee Christine
Named Driver 2	: Chin Zheng Xuan Frederic
Named Driver 3	: N/A
Name of Intermediary	: NLE Insurance Agencies Pte Ltd
Date of Issue	:

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

**Great American Insurance Company**



Authorised Signatory