

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	23/04/2018 15:47
Date Of Accident	21/04/2018 06:50
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF8401Z
Insured/Policyholder	
Name Of Registered Owner	RAHUL SINGH SANDHU
NRIC No	S9126372F
Email Address	TIGER19919@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97221485
Alternative Phone No	OFFICE-97221485

Vehicle Particulars

Manufacturer	SUBARU
Model	IMPREZA-2.0 R-S AWD (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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	THIRD PARTY
Fleet Policy	NO
Policy Number	5093987971
Cover Note Number	

Driver

Name of Driver	RAHUL SINGH SANDHU
NRIC No	S9126372F
Date Of Birth	01/07/1991
Occupation	INDOOR
Date Of Driving Pass	30/04/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97221485
Fax Number	
Contact Number	OFFICE-97221485
EEmail Address	TIGER19919@HOTMAIL.COM

Address	BLK 34 WHAMPOA WEST #09-29
Postcode	330034
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	3
Was any body injured in the Accident?	YES
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)	2
Passenger 1	NAME: : BELLA TAN
	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

I WAS TRAVELLING STRAIGHT ALONG PIE TWDS CHANGI AIRPORT ON LANE 1. I SAW THE VEHICLE IN FRONT, SJM7557C STATIONARY DUE TO BREAKDOWN AND I SLOWED DOWN TO STOP. SUDDENLY, VEHICLE B, SKA9319L CAME FROM BEHIND CANNOT STOP IN TIME AND COLLIDED TO MY REAR PORTION AND THE IMPACT PUSHED MY VEHICLE TO HIT ONTO THE REAR OF SJM7557C. AFTER MY WORK, I WENT TO CONSULT DOCTOR AT ALEXANDRA HOSPITAL AND WAS GIVEN 2 DAYS MC.

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	SKA9319L
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	LEE MOR CHUANG GLEN
NRIC/Passport Number	S7837069F
Contact Number	96228288
Address	BLK 129 BUKIT BATOK WEST AVE 6 #06-386
Postcode	650129
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJM7557C
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	AMIRUL BIN SURAMI
NRIC/Passport Number	S8631125I
Contact Number	85001446
Address	BLK 680C JURONG WEST CENTRAL 1 #10-58
Postcode	643680
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAHUL SINGH SANDHU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJF8401Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 34 WHAMPOA WEST #09-29
Postcode	330034

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: 23/04/18 11:00 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time: 23/04/18 11:00 hrs

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

23/04/2018 11:00 hrs

Sketch Plan Pg. 2

SKETCH PLAN

Changi Airport. ← PIE



A: SJF 8401Z
B: SKA 9319L
C: SJM 7557C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along PIE towards Changi Airport on Lane 1.
stationary due to breakdown
I saw the vehicle in front SJM 7557C & I slowed down
to stop. Suddenly, vehicle B, SKA 9319L from behind cannot stop in
time & collided to my rear portion & the impact pushed my vehicle to
hit onto the rear of SJM 7557C.
After my work, I went to consult doctor at Alexandra Hospital
& was given 2 days MC.

DECLARATION

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

Policyholder's Signature
Date & Time:

23/04/18 @ 1400hrs

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

23/04/18 @ 1400hrs

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

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTOS



SCENE PHOTO



SCENE PHOTO

