

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	27/04/2018 14:30
Date Of Accident	26/04/2018 19:30
Exact Location Of Accident	PIE TWDS JURONG BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB3931C
Insured/Policyholder	
Name Of Registered Owner	ENG SENG LIANG
NRIC No	S0213739I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94246376
Alternative Phone No	OFFICE-94246376

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	COLT PLUS SPRT-1.5 (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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5062319774-04
Cover Note Number	

Driver

Name of Driver	ENG WEE HOCK
NRIC No	S8325935C
Date Of Birth	03/08/1983
Occupation	INDOOR
Date Of Driving Pass	16/01/2006
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96738790
Fax Number	
Contact Number	
EEmail Address	WEEHOCK3@GMAIL.COM

Address	BLK 52 HAVELOCK RD #11-106
Postcode	161052
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	4
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)	2
Passenger 1	NAME: : TEO KANG CHEN
	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 DRIVING STRAIGHT ALONG PIE TWDS JURONG BEFORE EUNOS EXIT. THE VEHICLE IN FRONT OF ME ON LANE 1 SLOWED DOWN AND STOPPED AND I ALSO FOLLOWED TO SLOW DOWN AND STOPPED. SUDDENLY, I FELT AN IMPACT FROM THE REAR OF MY VEHICLE. AFTER I ALIGHTED FROM MY VEHICLE, I REALISED VEHICLE B, SLK3900H REAR ENDED ONTO THE REAR OF MY VEHICLE AND FEW VEHICLES INVLOVED IN THE ACCIDENT. TOTAL 4 VEHICLES INCLUDING MY VEHICLE IN THIS CHAIN COLLISION. NOBODY WAS INJURED AT THE TIME OF ACCIDENT.

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	SLK3900H
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	JAVIER LOO
NRIC/Passport Number	S8432651H
Contact Number	96359353
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU6920B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TAI LOONG PETER
NRIC/Passport Number	S1641224D
Contact Number	96150576
Address	BLK 114 SIMEI ST 1 #08-616
Postcode	S520114
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLK4936Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE D
Vehicle Category	PRIVATE CAR
Name of Driver	ZHENG TONG LI
NRIC/Passport Number	S8327894C
Contact Number	92979197
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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 liability.
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. The 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 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:

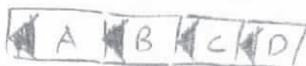
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

17 Apr 14 14:03 hr

Sketch Plan Pg. 2

SKETCH PLAN

Juwong ← PIE



A: SKB 3931C
B: SLK 3900H
C: SJU 6920B
D: SLK 4936Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along PIE towards Juwong before Eunus Exit.
The vehicle in front of me on Lane 1 slowed down & stopped &
I also followed to slow down & stopped. Suddenly, I felt an
impact from the rear of my vehicle. After I alighted from my
vehicle, I realised, Vehicle B, SLK 3900H rear ended onto the rear
of my vehicle & few more vehicles involved in the accident. Total
4 vehicles including my vehicle in this chain collision. Nobody
was injured at the time of accident.

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:

27 Apr 18 / 14.03 hr

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