

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	09/05/2018 10:59
Date Of Accident	09/05/2018 10:00
Exact Location Of Accident	JUNCTION OF MARYMOUNT RD AND MARYMOUNT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL3344U
Insured/Policyholder	
Name Of Registered Owner	LOW TIONG WAH
NRIC No	S0854375E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97871010
Alternative Phone No	OTHERS-97871010

Vehicle Particulars

Manufacturer	NISSAN
Model	SUNNY 1.6EXM
Exact Purpose for which vehicle was being used at time of accident	TUITION 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	5018026086-11
Cover Note Number	21/12/2017- 20/12/2018

Driver

Name of Driver	MACY ANGELA CHUAN MEI ZHI
NRIC No	S9932552F
Date Of Birth	10/10/1999
Occupation	INDOOR
Date Of Driving Pass	09/05/2018
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-97871010
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 703 BEDOK RESERVOIR RD #06-3530
Postcode	470703
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - LEARNER
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: : LOW TIONG WAH
	GENDER: : MALE

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 STATIONARY AS TRAFFIC LIGHT WAS RED. WHILE WAITING, I THEN FELT AN IMPACT ON THE REAR. I THEN WENT OUT OF THE VEHICLE AND REALIZED I AM INVOLVED IN A CHAIN COLLISION INVOLVING 3 CARS INCLUDING MINE. NO ONE WAS INJURED. AFTER EXCHANGED PARTICULARS, WE ALL LEFT THE SCENE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

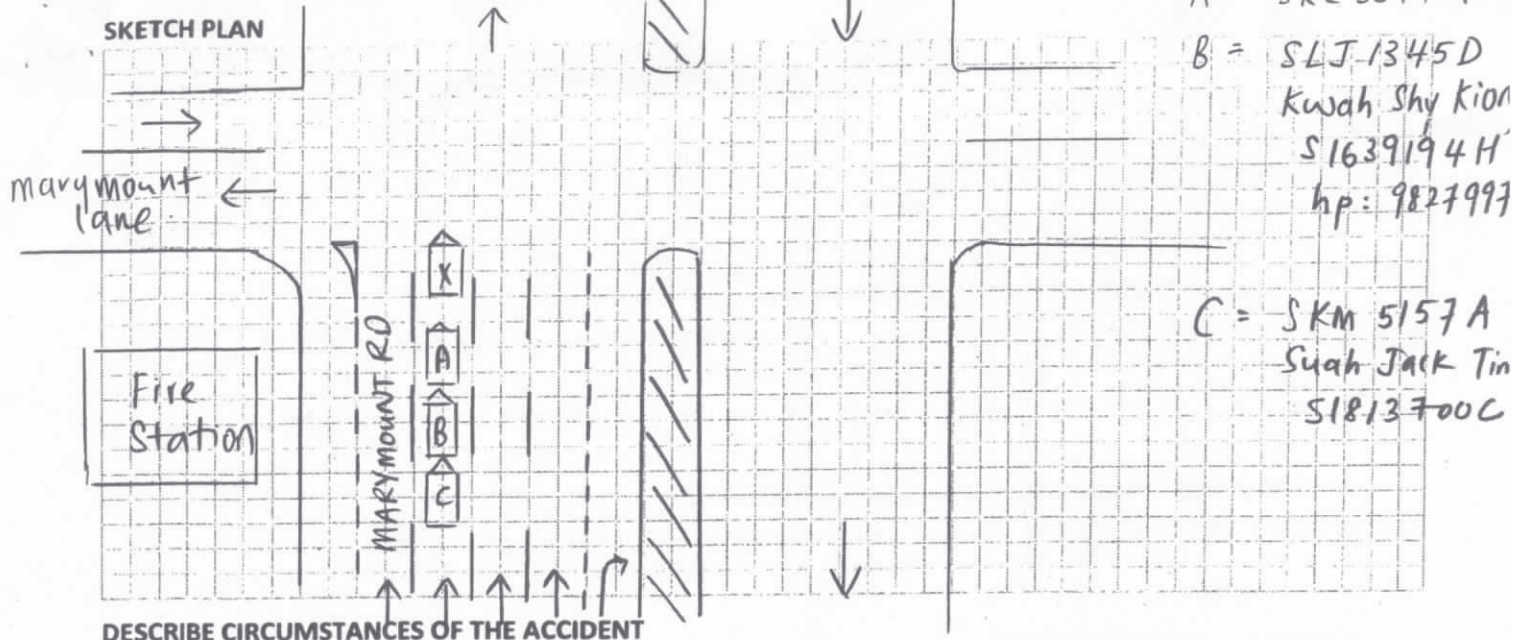
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ1345D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	KWAH SHY KIONG
NRIC/Passport Number	S1639194H
Contact Number	98279975
Address	BLK 688D WOODLANDS DR 75 #05-56
Postcode	734688
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKM5157A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SUAH JACK TIM
NRIC/Passport Number	S1813700C
Contact Number	802 THOMSON RD #05-07
Address	
Postcode	298187
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary as traffic light was red. While waiting, I then felt an impact on the rear. I then went out of the vehicle and realized I was involved in a chain collision involving 3 cars including mine. No one was injured. After exchanged particulars, we all left the scene.

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

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

16/10/00
Policyholder's Signature
Date & Time:

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

9-5-18
Reporting Centre Personnel's Signature
Name: Stef
NRIC/FIN No.:

STANDARD STATEMENT OF ACCIDENT

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

MT/0993600

SKETCH PLAN

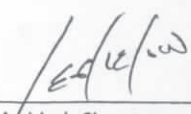
VEHICLE NO.: SKL 3344U
INSURER: NTHC
DATE & TIME: 9.5.18
10AM.

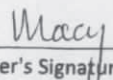
IMPORTANT NOTICE

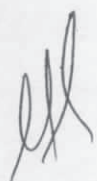
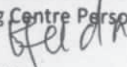
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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


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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	4375E
Vehicle Details	
Vehicle No.:	SKL3344U
Vehicle to be Exported:	No
Intended De-registration Date:	09 May 2018
Vehicle Make:	NISSAN
Vehicle Model:	SUNNY 1.6EXM
Primary Colour:	Beige
Manufacturing Year:	2006
Engine No.:	QG16418704
Chassis No.:	JN1CFAN16Z0105331
Maximum Power Output:	81.0 kW (108 bhp)
Open Market Value:	\$11,086.00
Original Registration Date:	21 Dec 2006
First Registration Date:	21 Dec 2006
Transfer Count:	0
Actual ARF Paid:	\$12,195.00
Intended PARF Rebate Details	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	20 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,636.00
COE Rebate Amount:	\$18,524.00
Total Rebate Amount:	\$18,524.00
Message	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

OK

Bad 3yrs 7 months