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		INC (		ì		
Owner / Driver: (	KP 51545.	inol	Tel:	-	)	
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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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

and the state of	ACCIDENT STATEMENT
Date Of Report	15/05/2018 10:53
Date Of Accident	15/05/2018 08:30
Exact Location Of Accident	BKE TWDS PIE (CHANGI)
Country/State of Loss	SINGAPORE
DESCRIPTION OF DESCRI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKE9797T
Insured/Policyholder	
Name Of Registered Owner	TAN CHONG LENG
NRIC No	S1694421A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97325458
Alternative Phone No	OFFICE-97325458
Vehicle Particulars	
Manufacturer	BMW
Model	5281
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5078223501-02
Cover Note Number	
Driver	
Name of Driver	TAN CHONG LENG
NRIC No	S1694421A
Date Of Birth	07/11/1965
Occupation	INDOOR
Date Of Driving Pass	25/07/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97325458
Fax Number	
Contact Number	OFFICE-97325458
EMail Address	NOEMAIL

182 JELEBU RD #11-50 Address

670182 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

## General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

## Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged? NO

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING ALONG BKE TWDS PIE(CHANGI), WHEN NOTICED VEH INFRONT OF ME STARTED TO SLOW DOWN AND STOPPED, AS SUCH I MANAGE MY BRAKE TO SLOW DOWN AND STOPPED, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKP5154S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION, I WAS INVOLVED IN A 4 CAR CHAIN COLLISION ACCIDENT.

#### Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera?

YES

NO

Remarks/ Reasons:

WITH DRIVER

SKP5154S

Was there any audio recorded?

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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

SJJ1141Z

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

GBB2325R

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name

TAN CHONG LENG

Approximate Age

Injuries Sustain

**NECK & BACK** 

Injured person in which vehicle?

SKE9797T

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:

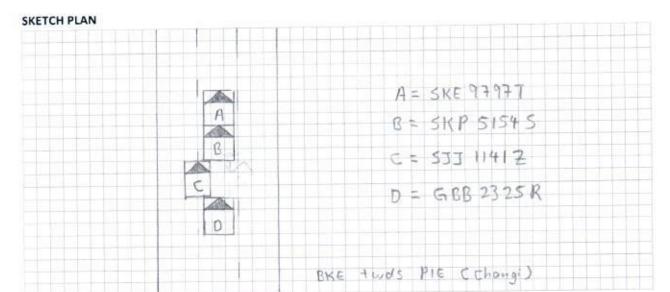
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
  - 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:
  - 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.:

GIARMIC SkirtichPlanForm\_VS



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

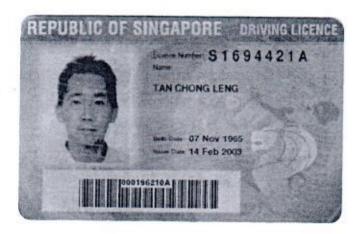
Please	Refer	to	statement

# DECLARATION

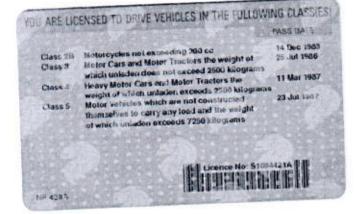
I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

GIARMIC SketchPlanForm, V.









\* 50

#### GeneralClaim eBaoTech · Log Out · Change Language · Change Password Hello, NAC\_PAYA\_UBI\_800601 My Desktop **Policy Query** Notice of Loss 15/05/2018 10:51 Date of Accident Policy No. SKE9797T Vehicle No.(For Motor) Search Commence Date Vehicle No. Insured Policyholder Name Policyholder NRIC Expiry Date Cover Type Product Policy No. Select Object TAN CHONG LENG 5078223501drivo CLASSIC SKE9797T SKE9797T 03/03/2018 02/03/2019 S1694421A Continue

#### Claim Handling Accident MT/0994464 GST Registration No. Vehicle No. SKE9797T 5078223501-02 Policy No. Policyholder NR3C S1694421A TAN CHONG LENG Policyholder Name Loading drive CLASSIC PRIVATE CAR INSURANCE Cover Type Product Code Contact No.(Home) Contact No.(Mobile) Contact No.(Office) 97325458 No \* eCode Special Remark Email Address eCode Reason . No Yes TCA . No Yes KEK Private Hire No NCD Entitlement(%) NCD Protection Yes V Accident Details Chain Collision Accident Report Within 24 hrs Accident Type Report Date 15/05/2018 17:09 Singapore Country of Accident Time of Accident hh:mm 08:30 15/05/2018 Date of Accident ICM No. Orange Force Reporting Centre BKE TWDS PIE (CHANGI) Accident Location **▽** Benefits ♥ Excess 100.00 0.00 Windscreen Excess 600.00 Additional Excess Own damage Excess Outside Singapore OD Excess 600.00 0.00 Unnamed Driver Excess Outside Singapore TP Excess 0.00 0.00 Third Party Excess GST Registered Information GST Registration Date GST Registered No GST Status Verified Yes GST Registration No. Modification History Policyholder Mailing Address Address 3 SINGAPORE 670182 JELEBU ROAD Address 2 Address 1 BLK 182 #11-50 670182 Singapore address Post Code Address Type Address 4 Related Policy Number 5078223501-02 Unit No. Main Driver Driver Type Driver Name TAN CHONG LENG 07/11/1965 Driver DOB Driver NRIC \$1694421A Unnamed driver Name Driving Experience Driver Ace 52 Register Date of Driver License 01/01/2005 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) Address 3 SINGAPORE 670182 Address 2 JELEBU ROAD BLK 182 #11-50 Singapore address Post Code 670182 Address Type Address 4 Linit No. Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Breathalyser or Blood Test Any injury? \* Yes No 0 mg Modification History Claim 001 New Insured NRIC S1694421A Claim Type \* OD-MX Insured Name TAN CHONG LENG Contact No.(Office) Contact No.(Mobile) 97325458 Contact No.(Home) 67792773 TP Vehicle Number SKP5154S chongleng.tan@proswift.com.sg OI Vehicle Number Email Address SKE9797T Name of Preferred Workshop Claim Description SKE9797T / SKP5154S ON 15 May 2018 Preferred Workshop Contact \* Insured Liability \* Not at Fault \* GIA report Preferered Repair Option Preferred Workshop, Name unknown Received Require Finalisation Yes 15/05/2018 00:00 Date Received Claim Close Date Date Registered 15/05/2018 17:20 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Accident No. MT/0994464 Upload Date 15/05/2018 17:21 Yes O No Last Doc, Received Descr Confidential Urgency \* Category \* \* NO \* Clear Please Select Normal Choose File No file chosen ▼ Normal ٠ Clear Please Select • NO Choose File No file chosen \* NO ▼ Normal Choose File No file chosen Clear Please Select

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**▽** Attachment List

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Attachment		Uploaded By/Date	Category	9	Urgency	Description
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