

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	18/05/2018 14:13
Date Of Accident	18/05/2018 13:00
Exact Location Of Accident	SLIP ROAD OF DEFU LANE 10 TOWARDS HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW9086E
Insured/Policyholder	
Name Of Registered Owner	LIM CHWEE YEE
NRIC No	S0019385B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90920286
Alternative Phone No	OTHERS-81022189

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ-1.3 CVT (A)
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	5100535041
Cover Note Number	08/03/2018 TO 07/03/2019

Driver

Name of Driver	YEOH WEI LING (YANG HUILING)
NRIC No	S8932608G
Date Of Birth	21/08/1989
Occupation	INDOOR
Date Of Driving Pass	17/07/2014
Driving Experience	3 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81022189
Fax Number	
Contact Number	
EEmail Address	MULTIPLEADDICTIONS@GMAIL.COM

Address	BLOCK 533 HOUGANG AVENUE 6 #12-335
Postcode	530533
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
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)	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

On 18/05/2018 at about 1300hrs, I was driving my vehicle (A: SLW9086E) along slip road of Defu Lane 10 towards Hougang Avenue 3. I slowed down and stopped due to vehicle (C: GBA7506H) which was driving in front of me stopped for checking the major road vehicles. Suddenly I felt a great impact from my vehicle's rear portion caused my vehicle pushed forward hit onto rear portion of vehicle C. I alighted and realised that is a chain collision total involve 3 vehicles. The vehicle (B: GBG8432Z) hit onto my vehicle and my vehicle pushed forward hit onto vehicle C. After the accident, I felt unwell. Vehicle A (SLW9086E) - No passenger on board. Vehicle B (GBG8432Z) - Unaware number of passenger on board. Vehicle C (GBA7506H) - Unknown.

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	GBG8432Z
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	VAN
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MOHAMMAD FAISAL BIN AMDAM
NRIC/Passport Number	S9215761Z
Contact Number	90173447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT PORTION

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBA7506H
Vehicle Make/Model/Colour	TOYOTA DYNA, BLUE COLOUR
Details Of Properties	LORRY
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ROY TUNG YANG BOON
NRIC/Passport Number	S1728867I
Contact Number	9799 5858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	YEOH WEI LING
Approximate Age	29
Injuries Sustain	BACK AND ARM PAIN
Injured person in which vehicle?	SLW9086E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 533 HOUGANG AVENUE 6 #12-335
Postcode	530533

SKETCH PLAN

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

I understand, acknowledge, agree and consent that:

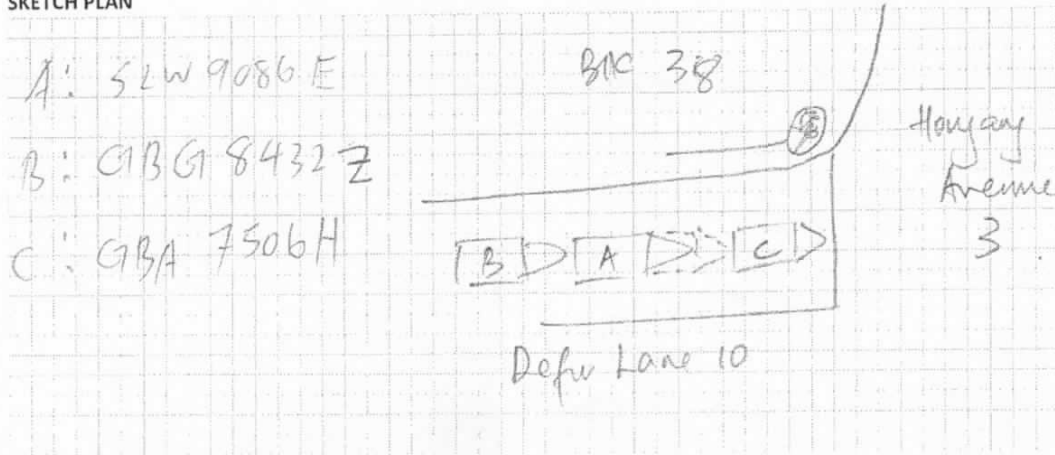
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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

Reporting Centre Personnel's Signature
Name: *Lam Wai Sheng*
NRIC/FIN No.: *G6864052A*

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to C1/B report

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: 18/05/2018 1440h

Reporting Centre Personnel's Signature
Name: Lam Wei Shun
NRIC/FIN No: 60864052 L

CHARTER SketchPlan no. 51