

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	05/06/2018 12:54
Date Of Accident	05/06/2018 08:35
Exact Location Of Accident	CTE TOWARDS SLE BEFORE YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK596Y
Insured/Policyholder	
Name Of Registered Owner	TAN KIANG CHER
NRIC No	S1297070F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98287471
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5087423519-01
Cover Note Number	

Driver

Name of Driver	TAN YEW HAU, TIMOTHY
NRIC No	S9235252H
Date Of Birth	30/09/1992
Occupation	INDOOR
Date Of Driving Pass	23/05/2011
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98287471
Fax Number	
Contact Number	
EMail Address	TIMOTHYTYH.WORK@GMAIL.COM

Address	BLK 110 LENKONG TIGA #06-237
Postcode	410110
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	DRY

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?	
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 05/06/2018 AT ABOUT 0835HRS AT ALONG CTE TOWARDS SLE BEFORE YIO CHU KANG EXIT. I WAS TRAVELLING ON THE EXTREME LEFT LANE AND WHEN MY FRONT VEHICLE SLOW DOWN AND STOP DUE TO HEAVY TRAFFICE HENCE I FOLLOW SUIT AND COME TO A COMPLETE STOP. SUDDENLY I HEARD A LOUD BANG FROM BEHIND AND THE GREAT IMPACT FORCED MY VEHICLE (A) FORWARD TO HIT ONTO THE REAR PORTION OF VEHICLE (D). WHEN I ALIGHTED, I REALISED THAT IT WAS VEHICLE (B) WHO HIT ONTO MY REAR PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. IT WAS A CHAIN COLLISION OF TOTAL 4 VEHICLES INVOLVED.

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	SJH5192K
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 2

Vehicle Registration Number SHC8276H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
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 SHB9920E
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

(v) The Report must be completed by the policyholder and/or insured vehicle driver(s).

(vi) Information provided must be truthful and accurate as possible. Any false or misrepresentation or withholding of material information will cause insurer companies to repudiate policy liability.

(vii) The filing and maintenance of this Form by interested companies is not an admission of liability, fault, or the part of any insurers company.

(viii) Any false reporting may be referred to the Police for investigation.

(ix) The report will be forwarded by the Insurers to 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.

(x) By the lodging of this report to the Insurers, you hereby consent to the lodging of this report at the centre and to supply of the report being made available as follows:

(a) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

(i) 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 laws in administering, processing, handling and/or dealing with my claims (collective Purposes).

(ii) All Insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms are permitted to collect, use, disclose and/or process my Personal Information for any purposes of (i) above for Purpose and

(iii) my Personal Information may also be disclosed by any of the Insurers and for filing their records pertaining to the accident involving this accident and/or my claim, which may include the provision of copies of forms, reports or the like in connection with the Personal Information and I have informed and agreed with the Insurers that they may use the information for their records management purposes for future reference.

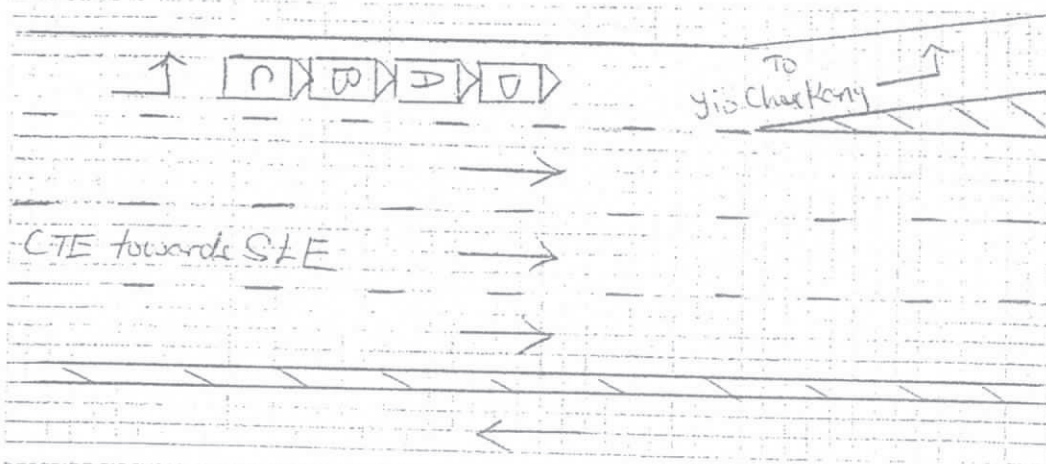
(iv) The Information collected under (i) shall only be processed, used or

(a) to enforce and/or any other related matters that about in evaluating, investigating, settling or managing funds, regulations, law enforcement and government agencies so reasonably required for the purposes stated; or

(b) for complying with requirements under any regulations, laws or court orders.

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/06/2018 at about 0835 hrs I was along CTE towards SLE before Yio Choo Kang Exit. I was travelling on the extreme left lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit and come to a complete stop. Suddenly I heard a loud bang from behind and the great impact forced my Vehicle (A) forward to hit onto the Rear Portion of vehicle (D). When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my Vehicle. It was a chain collision of total 4 vehicles involved.

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/PIN No.: