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 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.
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	25/06/2018 12:37
Date Of Accident	25/06/2018 08:35
Exact Location Of Accident	ALONG KPE TUNNEL TOWARDS TOWN (FROM SENGKANG)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKN4887C
Insured/Policyholder	
Name Of Registered Owner	GOH KEE HORNG
NRIC No	S1695183H
Email Address	GKHORNG@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-97435239
Alternative Phone No	OTHERS-97435239
Vehicle Particulars	
Manufacturer	FORD
Model	FOCUS
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO OFFICE
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM12000731502
Cover Note Number	
Driver	
Name of Driver	GOH KEE HORNG
NRIC No	S1695183H
Date Of Birth	21/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1992
Driving Experience	26 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97435239
Fax Number	
Contact Number	OTHERS-97435239
EMail Address	GKHORNG@OUTLOOK.COM

Address	BLK 122B SENGKANG EAST WAY #13-25
Postcode	542122
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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

I WAS DRIVING ALONG KPE TUNNEL THIS MORNING 26/06/2018 AROUND 08:34HRS.I WAS AT THE RIGHT MOST LANE, TRAFFIC WAS QUITE HEAVY.AT AROUND 08:33HRS, FRONT CAR SLOWED DOWN,THEN TO A STOP.I SLOW DOWN AND STOP TOO (PROOF: VIDEO FOOTAGE ATTACH).THEN SUDDELY I HEARD A LOUD BANG FROM DISTANCE BEHIND AND THEN I GOT A SHOCK THE CAR BEHIND ME HIT ME.MY CAR MAY HAVE TOUCHED THE CAR INFRONT TOO. THE CAR BEHIND (SLZ6166L) HIT ME FROM BEHIND IT LOOKS LIKE SLZ6166L WAS HIT BY A VAN (GBD3267H) FROM BEHIND ,THE FORCE PUSH SLZ6166L TO HIT MY AND THEN MY CAR HIT THE CAR INFRONT (SKU6576A). FRONT CAR DRIVER INSPECTED THE CAR ,LOOKS LIKE NO DAMAGE AND DECIDED TO DRIVE OFF.MY FRONT LOOKS NO DAMAGE USUALLY (SUBJECTED TO FULL CHECK) I GOT OFF, MY BACK CAR WAS DAMAGE. BOTH SLZ6166L & GBD3267H LOOKS BADLY DAMAGE. IT LOOKS LIKE THE VAN WAS TRAVELLING AT HIGH SPEED & CANNOT STOP IN TIME.TRAFFIC POLICE WAS CALLED BY THE VAN DRIVER, MY CAR CAN START BUT THERE IS A PARKING AID FAULT LIGHTS UP AFTER THE 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	SLZ6166L
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE XIAN HONG ,ZANEL
NRIC/Passport Number	S8838066E
Contact Number	97112210
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBD3267H
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIU JIANBO
NRIC/Passport Number	G0826092W
Contact Number	83389470
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKU6576A
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)	

SKETCH PLAN

IMPORTANT NOTICE

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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

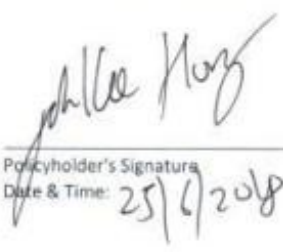
   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (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.



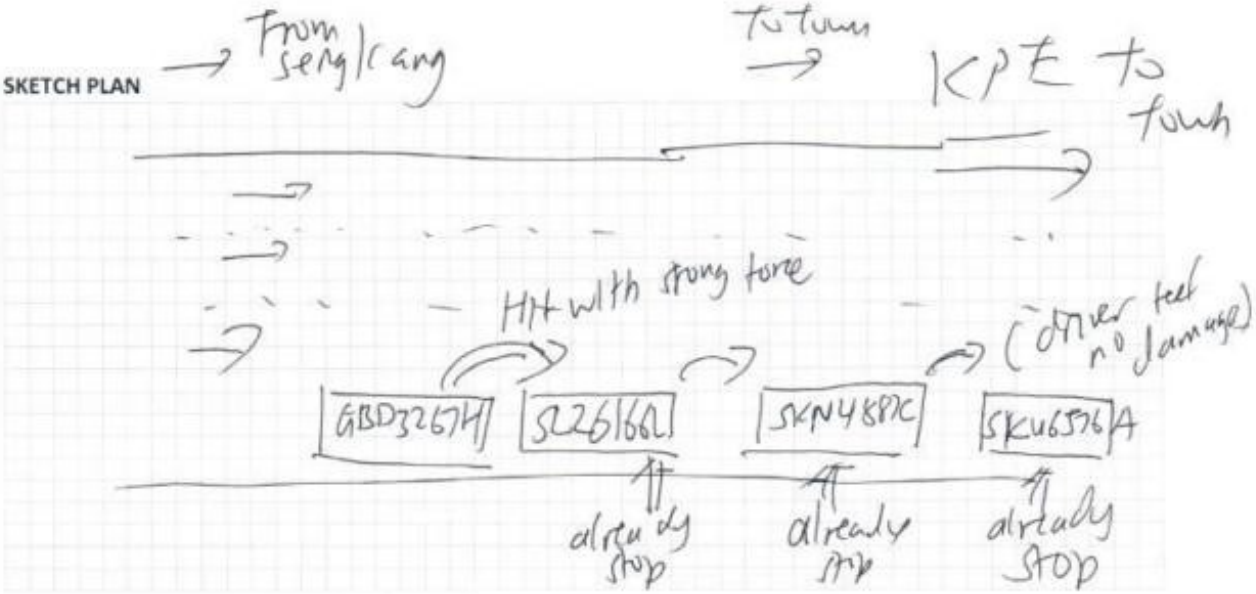
Policyholder's Signature
Date & Time: 25/6/2018

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along KPE tunnel this morning (25 June, around 8:34 am). I was at the rightmost lane, traffic quite heavy. At around 8:33 am, front car slowed down, then to a stop. I slow down and stop too (proof: video footage attached).
Then, suddenly, I heard a loud bang from distance behind, and then I got a shock, the car behind me hit me. My car may have touched the car in front too. The car behind (SL2616GL) hit me from behind, it looks like SL2616GL was hit by a van (GBD3267H) from behind, the force push SL2616GL to hit my car, then my car was pushed forward, may have hit the car in front (SKU 6576A).
⇒ Front car driver SKU 6576A inspected the car, looks like no damage and decided to drive off. My front looks no damage usually. (subjected to full check). I got off, ___ my back was ___ damage. Both SL2616GL & GBD3267H looks badly damaged.
⇒ It looks like the van was travelling at high speed & cannot stop in time,
⇒ Traffic police was called by the Van driver, my car can start, but there is a parking aid fault lights up after the accident.

DECLARATION

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

Policyholder's Signature
Date & Time: 25/6/18 11.45 am

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
26/06/2018

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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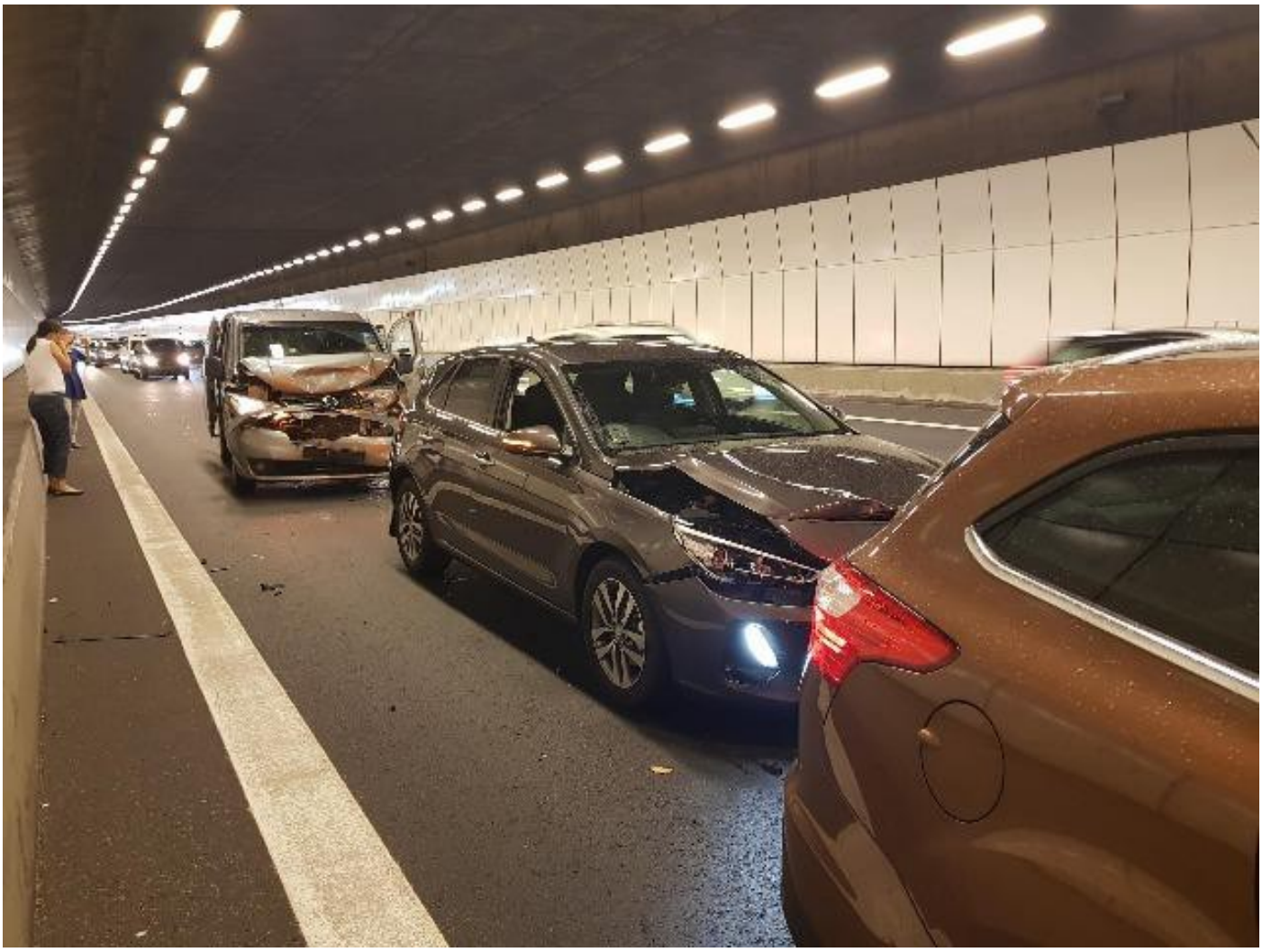

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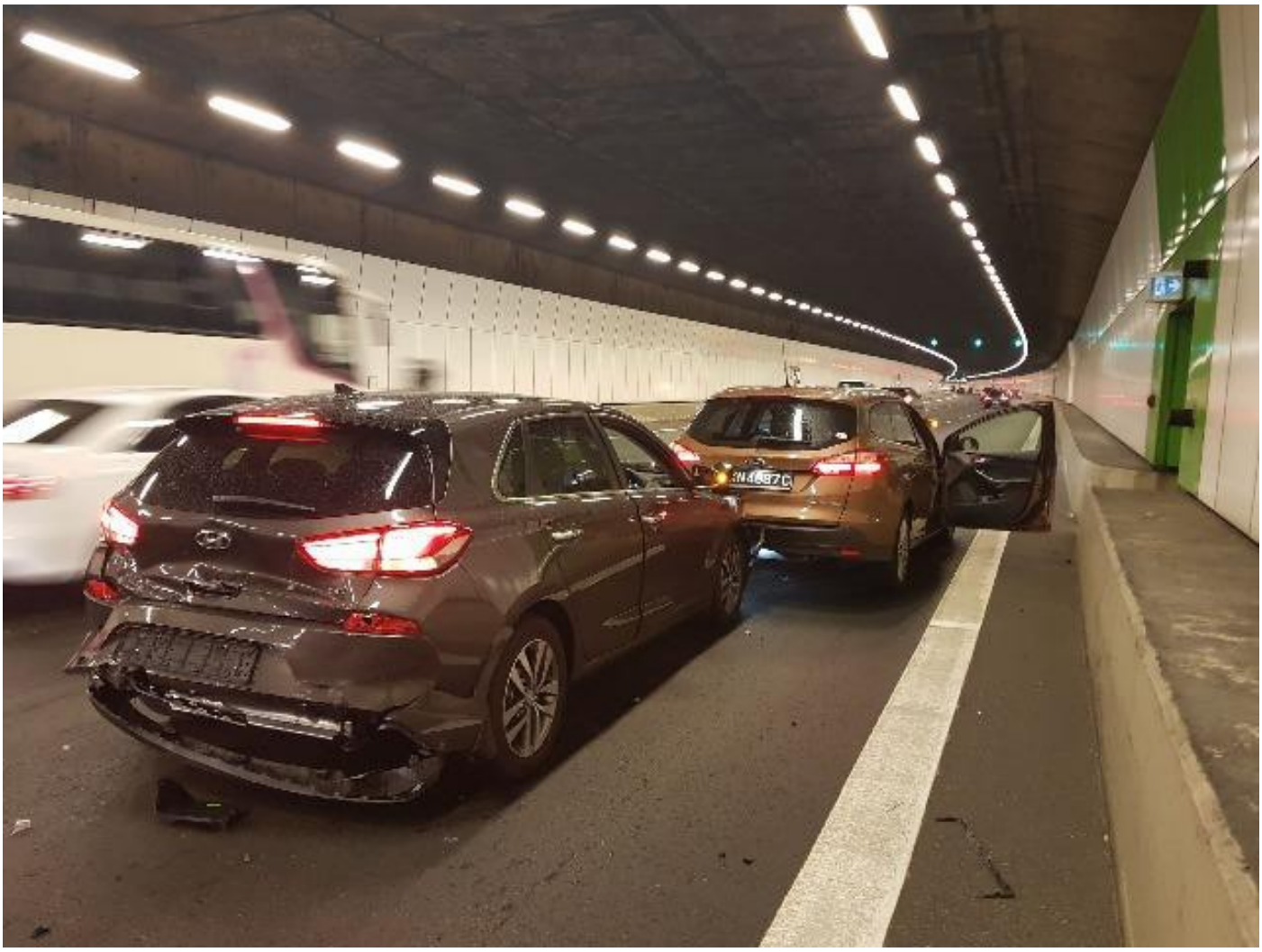
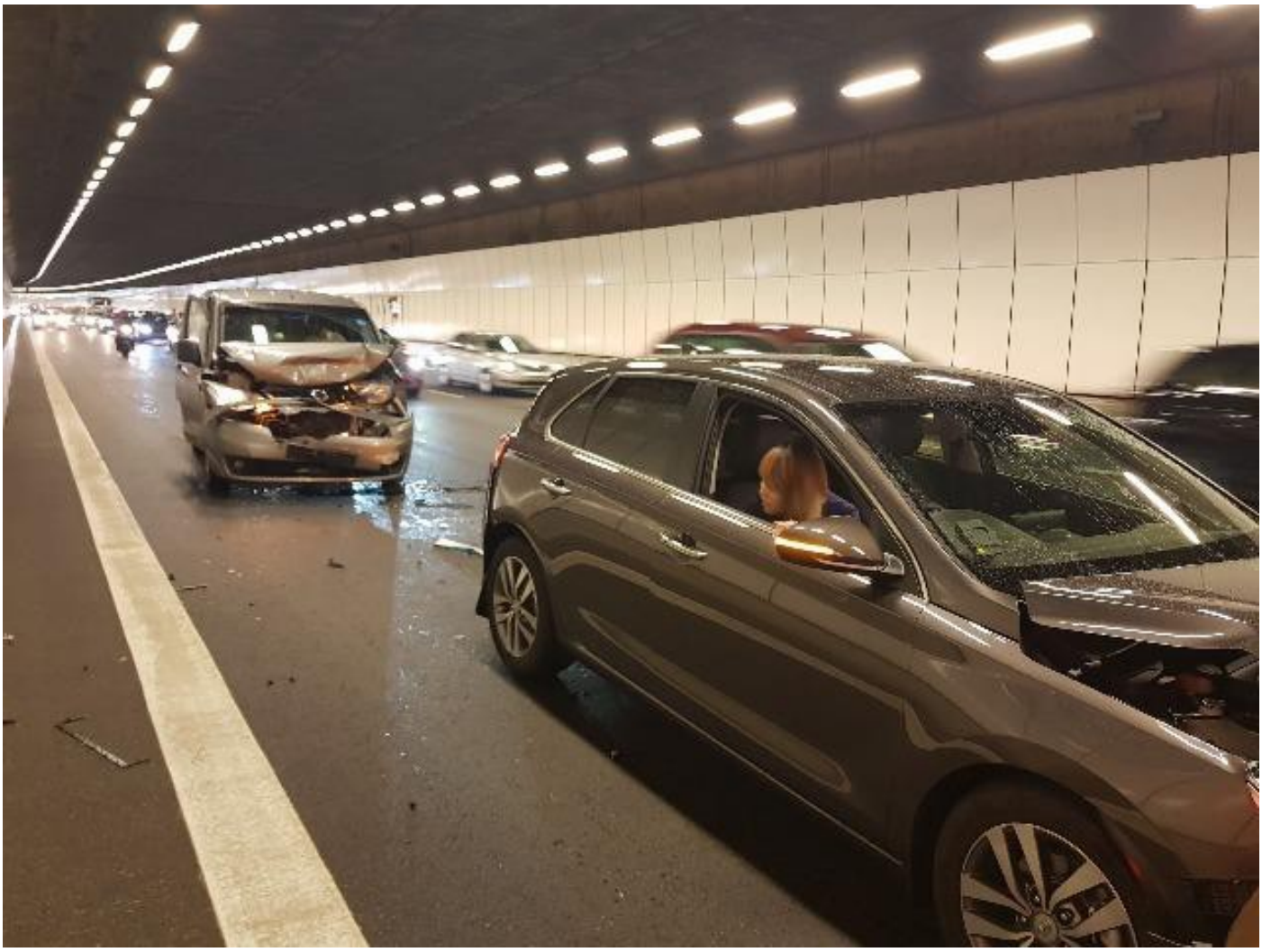


Accident Photo

Accident Photo



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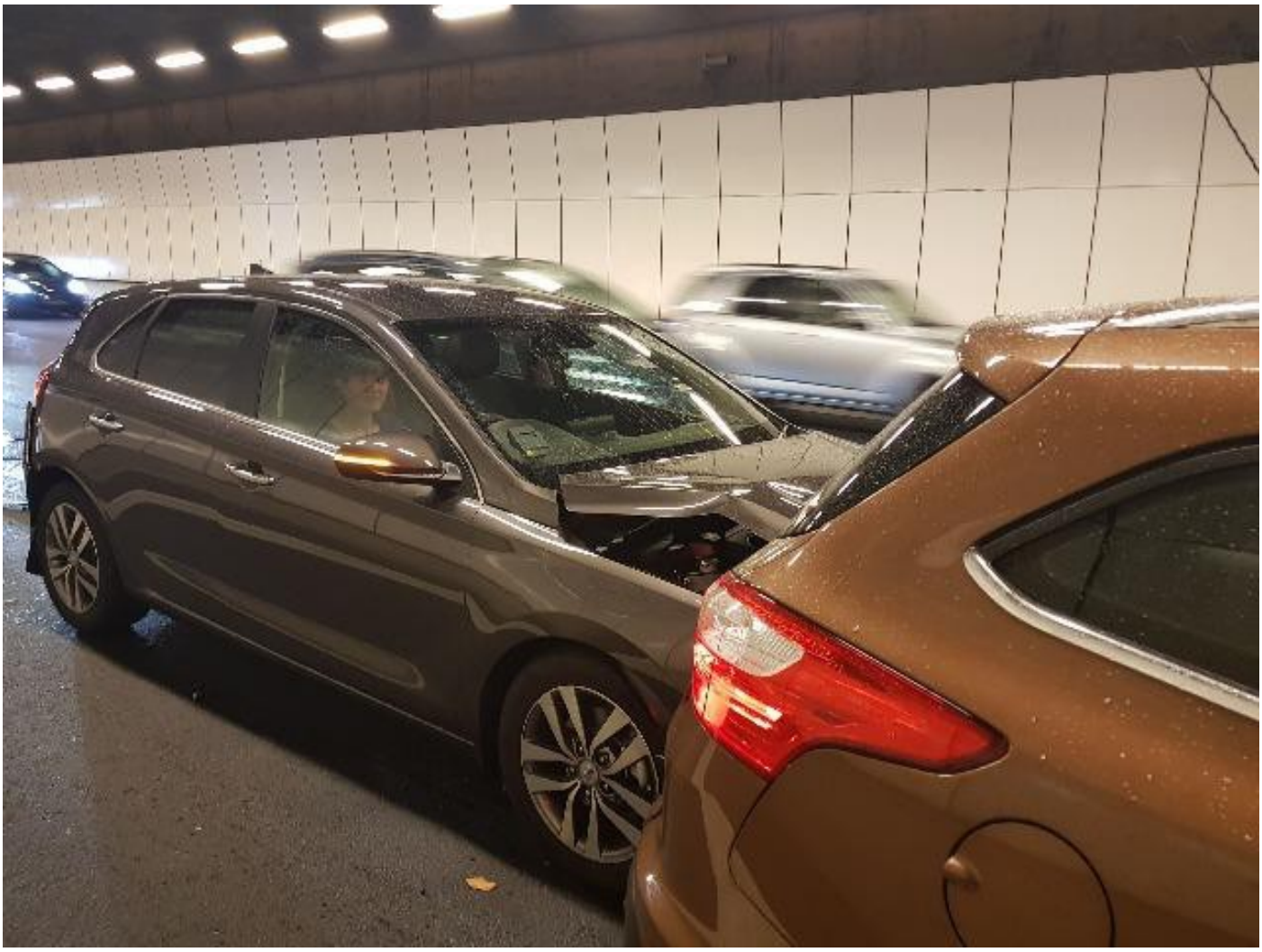

Accident Photo

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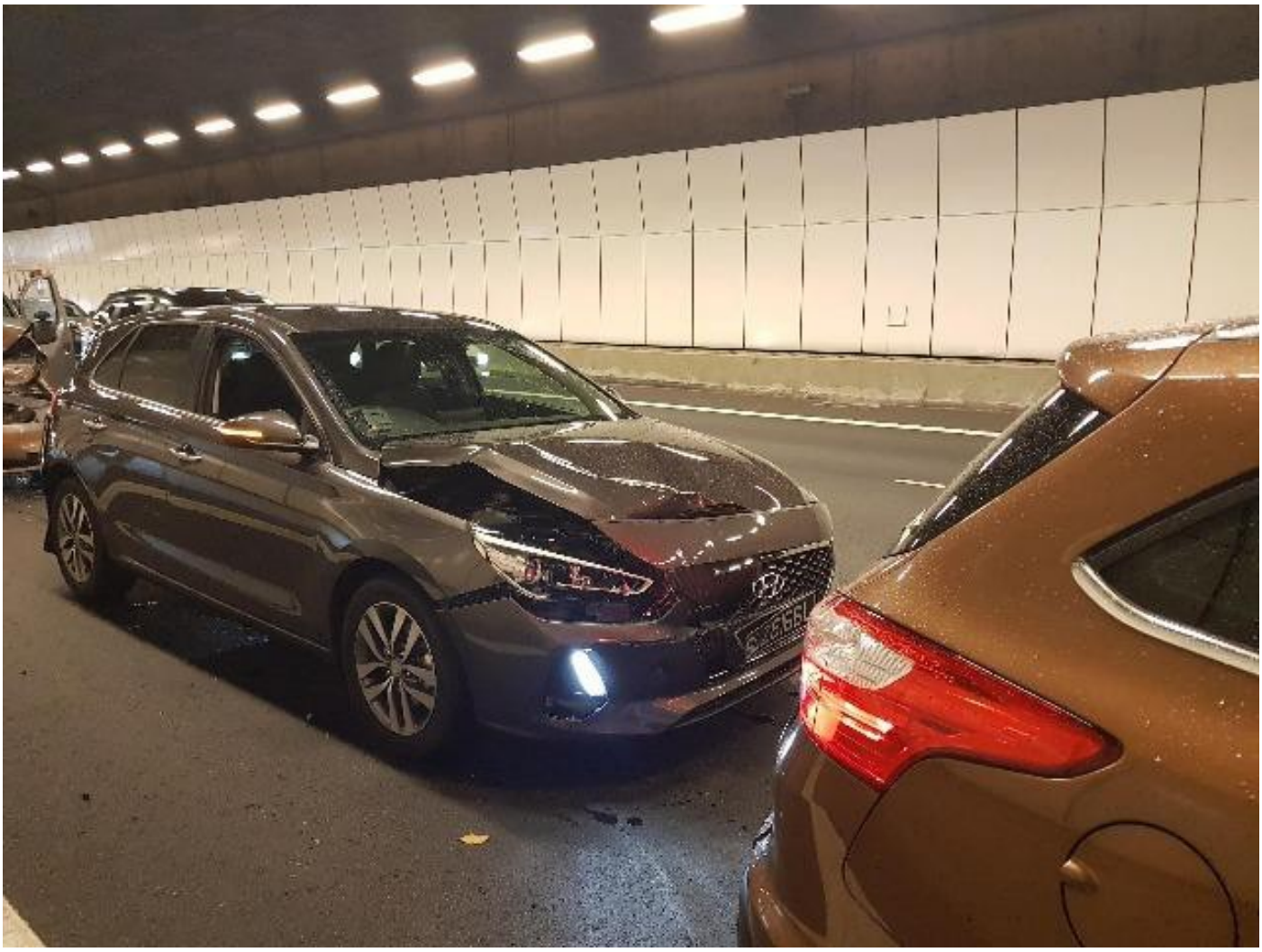
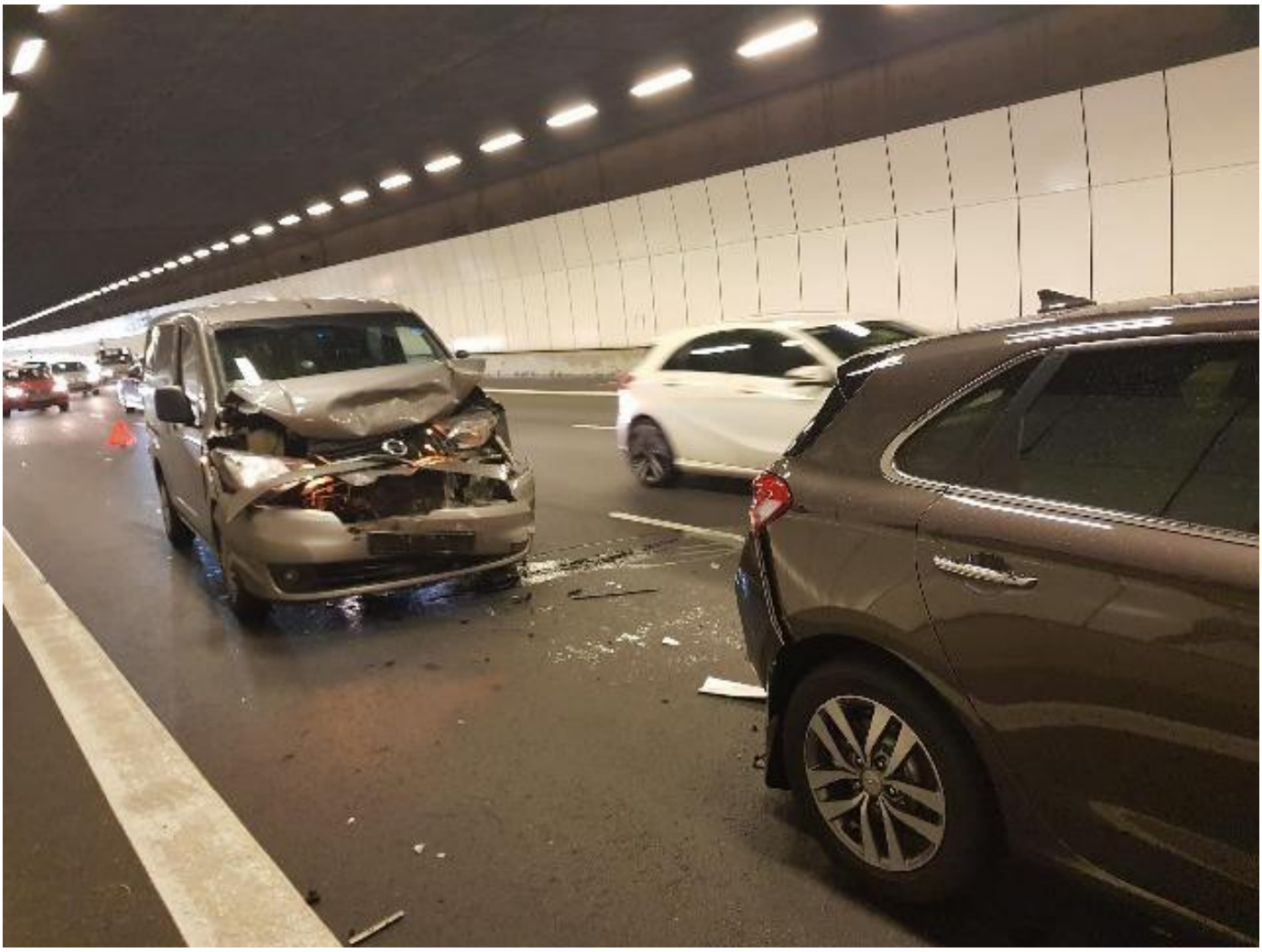


Accident Photo

Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA41808144 Vehicle Registration No: SKH 6887C

Name (as shown in NRIC) : GOH KEAK HOR NRIC/FIN/Passport No : S1655283H

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : 91435239

Email Address : _____

Date of Accident : 25/06/2018 Time of Accident : 08:35

Place of Accident : Driving KPE Towards Toa Payoh (From Paya Lebar)

Insurance Company : NOT

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THE ACCIDENT CIRCUMSTANCES TYPE ERROR.
THE FORCE PUSH SLZ6166L TO HIT MY CAR. ~~& AND~~ THEN MY CAR HIT THE CAR INFRONT (SKH6576A)

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 26/06/2018