

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	09/07/2018 15:00
Date Of Accident	08/07/2018 14:15
Exact Location Of Accident	JUNCTION OF WOODLANDS AVE 5 & WOODLANDS DR.50
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY4796K
Insured/Policyholder	
Name Of Registered Owner	KANG JYH PYNG(KANG ZHIPING)
NRIC No	S8015291D
Email Address	K_ZHIPING@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-92309358
Alternative Phone No	OTHERS-92309358

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 ABS AIRBAG 2WD 4DR (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5097692044
Cover Note Number	25/01/18 - 24/01/19

Driver

Name of Driver	KANG JYH PYNG(KANG ZHIPING)
NRIC No	S8015291D
Date Of Birth	26/05/1980
Occupation	INDOOR
Date Of Driving Pass	30/10/2003
Driving Experience	14 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92309358
Fax Number	
Contact Number	OTHERS-92309358
EEmail Address	K_ZHIPING@YAHOO.COM.SG

Address	BLK 468B ADMIRALTY DRIVE #10-17
Postcode	752468
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	COLLISION - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : WIFE(SEAH XIANG RU JOANNE) GENDER: : FEMALE
Passenger 2	NAME: : SON(KANG KAI YU JAVIER) 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

Upon reaching the above traffic junction, traffic has turned amber in my direction, I slowed down to stop and the next second car B hit me from behind. The impact pushed my car through the junction and came to a stop at the extreme left lane. Due to the impact, my car console box cover drop off. I was given 2 days MC for my chest & back pain. My wife who was with me at the point of time was given 7 days medical for light duties and subjected to spine X-ray. My son who was seating at the back seat, his lip has hit onto the front seat and may consult doctor later.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ3458L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU SWEE KENT
NRIC/Passport Number	S7070690C

Contact Number 93690268
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KANG JYH PYNG(KANG ZHIPING)
Approximate Age
Injuries Sustain CHEST & BACK PAIN
Injured person in which vehicle? SJY4796K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name SEAH XIANG RU JOANNE
Approximate Age
Injuries Sustain HEADACHE, NECKACHE & LOWER BACKACHE
Injured person in which vehicle? SLQ3458L
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name KANG KAI YU JAVIER
Approximate Age
Injuries Sustain LIP INJURED
Injured person in which vehicle? SJY4796K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN


VEHICLE NO.: S3Y 4796K
INSURER : NTUC
DATE & TIME: 08/7/18 @ 14:15

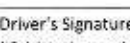
IMPORTANT NOTICE


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 liability**.
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. 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.
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.

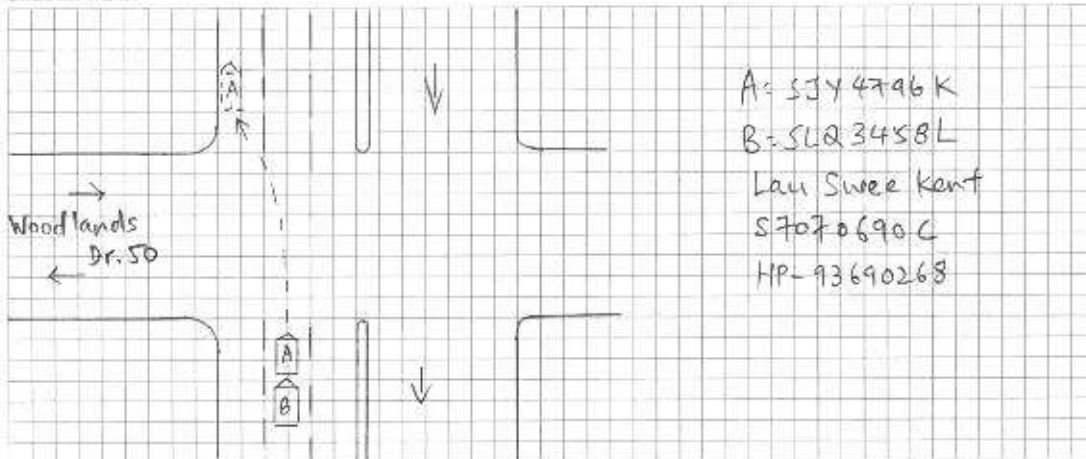

Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Woodlands Ave 5
Upon reaching the above traffic junction, traffic has
turned amber in my direction, I slowed down to stop
and the next second car B hit me from behind.
The impact pushed my car through the junction and
left. Due to the impact, my car
came to a stop at the extreme lane, I was given
console box cover drop off.
2 days MC for my chest and back pain. My wife who
me
was with, at the point of time was given 7 days medical
and subjected to spine X-ray.
for light duties only. My son who was seating at the back
seat, his lip has hit onto the front seat and may consult doctor
Note: Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim later.
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.

 Policyholder's Signature Date & Time:	 Driver's Signature (If driver is not the policyholder) Date & Time:	 Reporting Centre Personnel's Signature Name: (YS) NRIC/FIN No.:
GIANE Sketchplan Form vs. () Claim Own Policy (✓) Claim Third Party () Reporting Only () Claim OD/TP at other workshop ()		