

## 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	10/07/2018 16:58
Date Of Accident	09/07/2018 23:30
Exact Location Of Accident	KJE(YEW TEE FLYOVER)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD2354B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHONG LIENG TRADING CO PTE LTD
Co Reg No	197201476H
Email Address	SALES@KHONGLIENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67478555

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5099675256
Cover Note Number	

### Driver

Name of Driver	OH LI TING
NRIC No	S9110214E
Date Of Birth	13/03/1991
Occupation	OUTDOOR
Date Of Driving Pass	24/11/2011
Driving Experience	6 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96459705
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 812B CHOA CHU KANG AVE 7 #18-645
Postcode	682812
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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)	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 TRAVELLING AT KJE(YEW TEE FLYOVER) ON THE 2ND LANE OF A3-LANES RD WITHIN SPEED LIMIT. SUDDENLY VEH C FROM THE 3RD LANE SWERVED THE VEH TO MY LANE AND TO AVOID COLLISION ,I SWERVED MY VEH TO THE RIGHT AND LOST CONTROL.MY VEH HIT THE RAILING DIVIDER AFTER THE IMPACT MY VEH SPIN AND STOP AT THE CENTER OF THE RD INFRT OF VEH C.VEH C HIT MY LEFT SIDE OF MY VEH AND THE IMPACT MY VEH BEING PUSHED TO THE FRT .AS MY VEH CAN'T MOVE,THE DRIVER OF VEH C AND MYSELF ALIGHTED AND DISCUSS AT THE SIDE OF THE ROAD(ROAD SHOULDER)MOMENT LATER ANOTHER ONCOMING VEH(D) COME WITH A FAST SPEED AND HIT ONTO MY REAR PORTION OF MY VEH CAUSING MY VEH TO MOVED TO THE 3RD LANE.I WANTED TO MAKE A THIRD PARTY CLAIMS AGAINST VEH D CAUSE HIT ONTO MY REAR PORTION OF MY STATIONARY VEH WITH HAZARD LIGHT ON.

### 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	
Vehicle Make/Model/Colour	
Details Of Properties	RAILING DIVIDER
Vehicle Category	NA/UNKNOWN
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 SLB566G  
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 SLW7764U  
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 INJURED PERSON 1

Name OH LI TING  
Approximate Age  
Injuries Sustain SLIGHT  
Injured person in which vehicle? SJD2354B  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan

## SKETCH PLAN

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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:

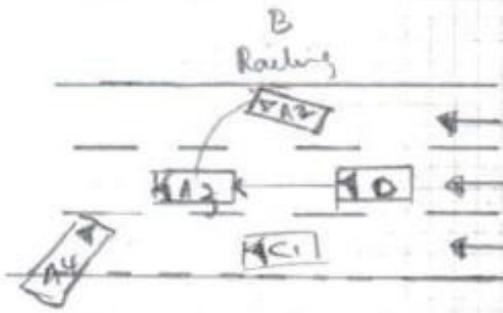
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

Accident Sketch Plan

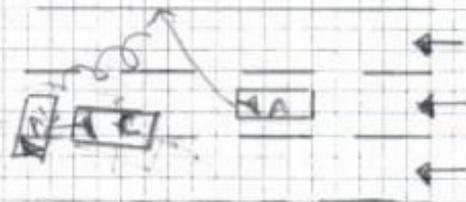
SCENE 2

SKETCH PLAN



SCENE 1

KJE (YEW TEE FLYOVER)



- A - SJD3354B
- B - RAILING
- C - SLB566G
- D - SLW7764U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling at KJE (Yew Tee Flyover) on the 2nd lane within speed limit. To avoid collision with the front vehicle X, I swerved my vehicle to the right and hit on to the divider. Due to the impact, my vehicle spun and stopped back at the second lane.

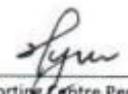
As my vehicle can't be shifted, another on coming vehicle came along at a fast speed and hit my vehicle, causing it to moved to the 3rd lane at the back.

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:

 10/07/18  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

## Individual Statement

I WAS TRAVELLING AT KJE(YEW TEE FLYOVER) ON THE 2<sup>ND</sup> LANE OF A3-LANES RD WITHIN SPEED LIMIT. SUDDENLY VEH C FROM THE 3<sup>RD</sup> LANE SWERVED THE VEH TO MY LANE AND TO AVOID COLLISION ,I SWERVED MY VEH TO THE RIGHT AND LOST CONTROL.MY VEH HIT THE RAILING DIVIDER AFTER THE IMPACT MY VEH SPIN AT STOP AT THE CENTER OF THE RD INFRT OF VEH C.VEH C HIT MY LEFT SIDE OF MY VEH AND THE IMPACT MY VEH BEING PUSHED TO THE FRT .AS MY VEH CAN'T MOVE,THE DRIVER OF VEH C AND MYSELF ALIGHTED AND DISCUSS AT THE SIDE OF THE ROAD(ROAD SHOULDER)MOMENT LATER ANOTHER ONCOMING VEH(D) COME WITH A FAST SPEED AND HIT ONTO MY REAR PORTION OF MY VEH CAUSING MY VEH TO MOVED TO THE 3<sup>RD</sup> LANE.I WANTED TO MAKE A THIRD PARTY CLAIMS AGAINST VEH D CAUSE HIT ONTO MY REAR PORTION OF MY STATIONARY VEH WITH HAZARD LIGHT ON.

Accident Photo



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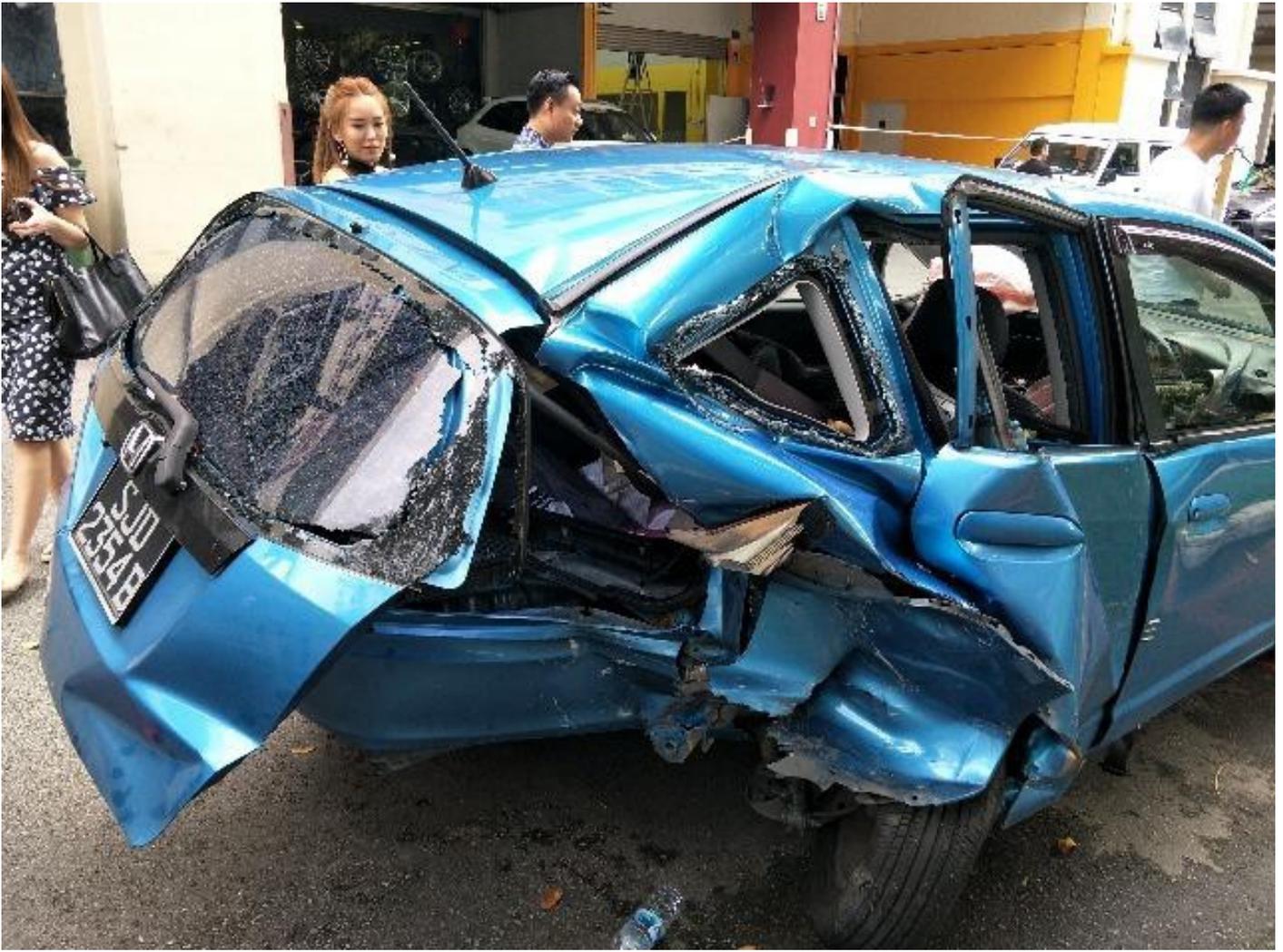
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