

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	16/07/2018 11:13
Date Of Accident	13/07/2018 16:20
Exact Location Of Accident	SLE TOWARDS BKE BESIDE YIO CHU KANG EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR603Y
Insured/Policyholder	
Name Of Registered Owner	LEE LAY HOON
NRIC No	S6935630C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91101639
Alternative Phone No	OFFICE-88888888

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-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	5069678196-03
Cover Note Number	

Driver

Name of Driver	NG CHEE KEONG
NRIC No	S6919917H
Date Of Birth	15/06/1969
Occupation	INDOOR
Date Of Driving Pass	12/12/1987
Driving Experience	30 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97387953
Fax Number	
Contact Number	
EMail Address	NGCHEEKEONG9917@GMAIL.COM

Address	BLK 348 BUKIT BATOK STREET 34 #13-226
Postcode	650348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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)	2
Passenger 1	NAME: : MR JAYMEN 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

ON 13/07/2018 AT ABOUT 1620HRS AT ALONG SLE TOWARDS BKE BESIDE YIO CHU KANG EXIT. I WAS TRAVELLING ON THE EXTREME RIGHT LANE AND WHEN I NOTICE A VEHICLE (C) BROKE DOWN ON THE SAME LANE AHEAD HENCE I SLOW DOWN AND 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 (C) AND TOWARDS THE CENTRE DIVIDER. 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 3 VEHICLE INVOLVED. I HAVE ONE PASSENGER INSIDE MY VEHICLE. (A) SJR603Y (B) SLT1612E (C) SMA8702X

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	SLT1612E
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

SMA8702X

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

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5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers to the G.A. Road Safety Management Centre established by the General Insurance Administration of Singapore (GIA) for archiving and that copies of the report will for a fee be made available upon application by interested parties.
7. Any acknowledgment of this report to the Insurers (i.e. hereby, consenting to the archiving of this report) is not intended to constitute any consent being made available to the public.
8. Consents under the Personal Data Protection Act (PDPA):
 I/We consent, for myself/ed, my/us and dependent child:
 - (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 claim and any necessary investigations relating to the claim;
 - (ii) investigating the accident and/or my claim;
 - (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");
 - (ii) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms may engage related third parties to collect and/or compile my Personal Information for the purpose of the above Purposes;
 - (iii) my Personal Information may/are be disclosed by any of the Insurers and/or third parties to the police, traffic police, or agents, road side assistance/law firms, which may be located outside of Singapore, for the purposes of the above Purposes;
 - (iv) my Personal Information will/are collected and used to compile the Claim form and various other documents to assist the Insurers in processing my present and all future claims;
 - (v) my Personal Information will/are collected under (i) also when processed for all claims;
 - (vi) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulations, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (vii) for complying with requirements under any regulations, laws or court orders.

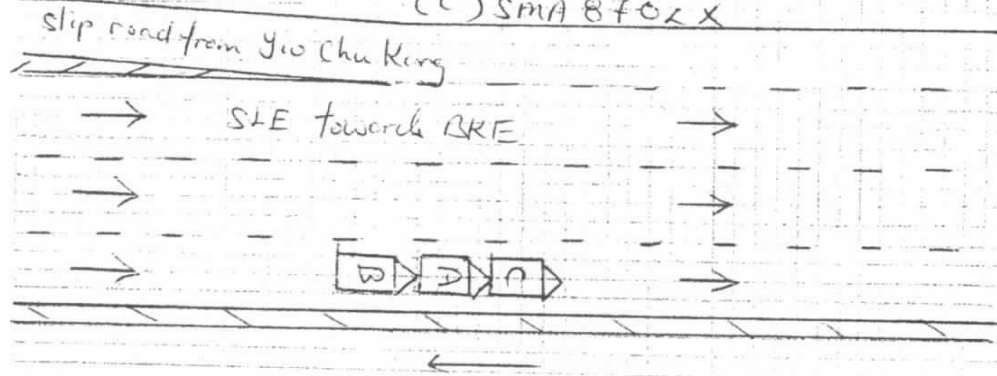
Policyholder's Signature
Date & Time:

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

Reporting Officer's Signature
Name:
NRIC/PIN No:

SKETCH PLAN

(A) SJR603Y
(B) SLT1612E
(C) SMA8702X




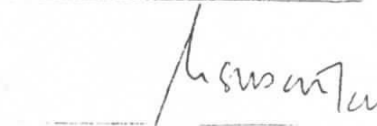
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/07/2018 at about 16.20 hrs at along SLE towards BRE beside Yio Chu Kang Exit. I was travelling on the extreme Right lane and when I notice a Vehicle (C) brake down on the same lane ahead hence I slow down and 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 (C) and towards the Centre Divider. 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 3 vehicles involved. I have one passenger inside my Vehicle.

DECLARATION

I declare that the foregoing is a true and correct statement of the facts.


Name: [Signature]
(If not the reporting person)
Date: 07/08/2018


Reporting Person's Signature
Name: [Signature]
(If not the reporting person)
Date: 07/08/2018

Police Officer's Signature
Date & Time: [Signature]