

## 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 20/07/2018 18:37  
Date Of Accident 20/07/2018 14:30  
Exact Location Of Accident HENDERSON ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SDV873J  
**Insured/Policyholder**  
Name Of Registered Owner YEO SUAN FUTT  
NRIC No S7032078I  
Email Address SUANFUTT@GMAIL.COM  
Mobile Phone No (LOCAL) +65-96784540  
Alternative Phone No OTHERS-96784540

### Vehicle Particulars

Manufacturer HYUNDAI  
Model ACCENT  
Exact Purpose for which vehicle was being used at time of accident LEISURE

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 5093995071  
Cover Note Number DRIVO CLASSIC

### Driver

Name of Driver YEO SUAN FUTT  
NRIC No S7032078I  
Date Of Birth 20/09/1970  
Occupation INDOOR  
Date Of Driving Pass 08/03/1995  
Driving Experience 23 YEARS AND 4 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-96784540  
Fax Number  
Contact Number OTHERS-96784540  
Email Address SUANFUTT@GMAIL.COM

Address 38 CHOA CHU KANG STREET 64  
#07-05 THE QUINTET  
Postcode 889102  
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 3  
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 stationary along lane 1 as the traffic light was red. Suddenly vehicle B hit into the rear of my vehicle A. The impact pushed my vehicle A forward and bumped very lightly into the rear of vehicle C. Driver of vehicle C moved off soon after as he claimed that there was nothing damage to his vehicle C. Thus, in total, there were 3 vehicles involved in this chain collision

#### Attachment(s)

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? NO  
Was there any audio recorded? NO

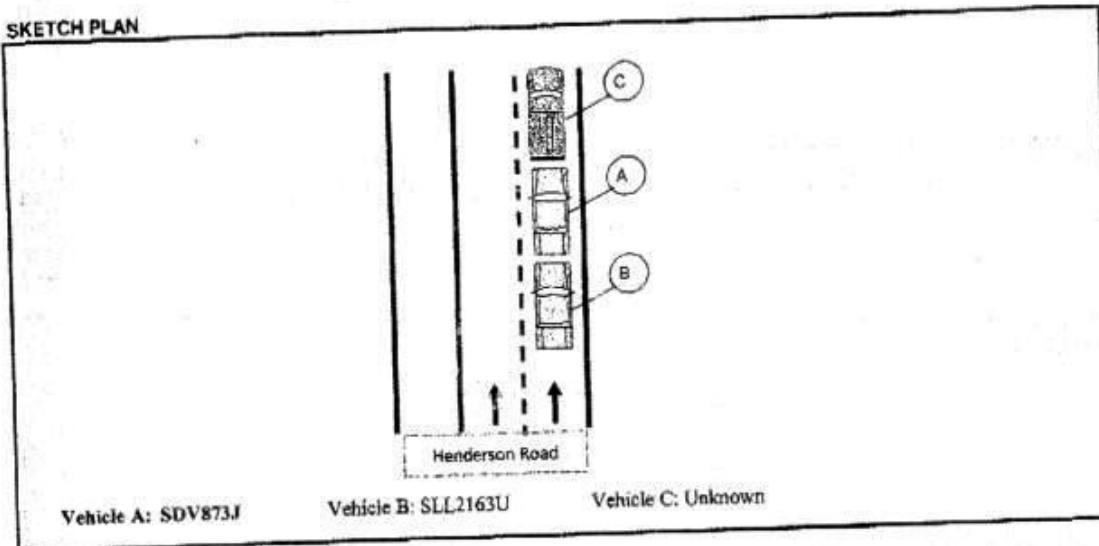
#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLL2163U  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver HENG SONG CHUAH  
NRIC/Passport Number S1794694C  
Contact Number 85801330  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I was stationary along lane 1 as the traffic light was red. Suddenly vehicle B hit into the rear of my vehicle A. The impact pushed my vehicle A forward and bumped very lightly into the rear of vehicle C. Driver of vehicle C moved off soon after as he claimed that there was nothing damage to his vehicle C. Thus, in total, there were 3 vehicles involved in this chain collision.

Declaration

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

  
20-07-18 / 16:29  
Policyholder's Signature / Date & Time

20-07-18 / 16:29  
Driver's Signature (if driver is not the policyholder) / Date & Time

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre  
  
Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 20-07-2018 / 16:29

Report No: MT/

D.O.A: 20-07-2018  
Time: 14:30 hrs

Vehicle No: SPY873J

Reporting Type: TP

**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.

20-07-18 / 16:29

Policyholder's Signature / Date & Time

20-07-18 / 16:29

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

Alan Tang (S098825)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel