

## 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	13/08/2018 16:33
Date Of Accident	12/08/2018 16:50
Exact Location Of Accident	MALAYSIA CUSTOM TOWARDS SINGAPORE
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD1000D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MI YOUNG EMPIRE
Co Reg No	53375153E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97824505

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA
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	5097048653
Cover Note Number	

### Driver

Name of Driver	CHEANG WHAI KIT
NRIC No	S6804835D
Date Of Birth	08/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	22/06/1991
Driving Experience	27 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97824505
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 9A SENGKANG EAST AVE #17-36
Postcode	544743
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?	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)	3
Passenger 1	NAME: : MERRY SOENARDY GENDER: : FEMALE
Passenger 2	NAME: : NICOLE CHEANG YUWEN GENDER: : FEMALE

#### 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 12/08/18 AROUND 4.51PM/ I WAS TRAVELLING IN MY VEHICLE SJD1000D ALONG MALAYSIA CUSTOM HEADING TOWARDS SINGAPORE. TRAFFIC WAS HEAVY AND MY VEHICLE WAS STATIONARY WAITING TO PROCEED. ALL OF A SUDDEN, AN IMPACT CAME FROM THE REAR RIGHT OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALISED VEHICLE SMC2611D FRONT LEFT PORTION HIT ONTO MY REAR RIGHT PORTION WHILE TRYING TO CHANGE LANE. VEHICLE ET1368T WITNESS THE INCIDENT AND TOOK A VIDEO AFTER THE IMPACT. WITNESS: DR ANDREW ANG (92723287) (DRIVER) OF ET1368T

#### 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 Witness 1

Name	DR ANDREW ANG
Phone Number	92723287
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMC2611D
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

### 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:

進友成汽車服務私人有限公司  
CYS Automobile Services Pte Ltd  
38 Woodlands Industrial Park East 1  
#07-17 Admiralty Industrial Park  
Singapore 75700  
Tel: 6219 2099 (Jines) Fax: 6219 2096

Reporting Centre Personnel's Signature  
Name: CHRISTINE LIM  
NRIC/FIN No.: S90208762

## Sketch Plan #2

### SKETCH PLAN

<p>A : SJD1000D</p> <p>B : SMC2611D</p> <p>W : ET1368T</p> <p>(WITNESS)</p>	
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### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 12/8/18, AT AROUND 4.51pm, I WAS TRAVELLING IN MY VEHICLE
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TRAFFIC WAS HEAVY AND MY VEHICLE WAS STATIONARY WAITING
TO PROCEED. ALL OF A SUDDEN, AN IMPACT CAME FROM THE REAR
RIGHT OF MY VEHICLE. I GOT OUT OF MY VEHICLE AND REALIZED
VEHICLE SMC2611D FRONT LEFT PORTION HIT ONTO MY REAR RIGHT
PORTION WHILE TRYING TO CHANGE LANE. VEHICLE ET1368T
WITNESSED THE <del>ACC</del> INCIDENT AND TOOK A VIDEO AFTER THE IMPACT.
WITNESS : DR ANDREW ANG (9272 3287) (DRIVER) OF ET1368T.

### DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

GLA/RMC SketchPlanForm\_V3

38 Woodlands Industrial Park East 1  
 #07-17 Admiralty Industrial Park  
 Singapore 757700  
 Tel: 6219 2098 (3lines) Fax: 6219 2096

Reporting Centre Personnel's Signature  
Name: *CHRISTINE LIM*  
NRIC/FIN No.: *95008761*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

