

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	31/08/2018 14:00
Date Of Accident	31/08/2018 10:35
Exact Location Of Accident	SLIP RD CHOA CHU KANG WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLA596A
Insured/Policyholder	
Name Of Registered Owner	YSC TRANSPORT SERVICES
Co Reg No	53369956L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90880771
Alternative Phone No	OFFICE-90880771

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 (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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5094962665
Cover Note Number	

Driver

Name of Driver	YEO SOH CHOO
NRIC No	S1838467A
Date Of Birth	25/05/1967
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2007
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90880771
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 115 #04-370 JURONG EAST STREET 13 JURONG EAST VILLE
Postcode	600115
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SOLE-PROPIETOR
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?	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

REFER TO BELOW STATEMENT/SKETCH PLAN

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	SLC8105X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJG5040X
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 YEO SOH CHOO

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLA596A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

Address BLK 115 #04-370 JURONG EAST STREET 13

Postcode 600115

SKETCH PLAN

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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.

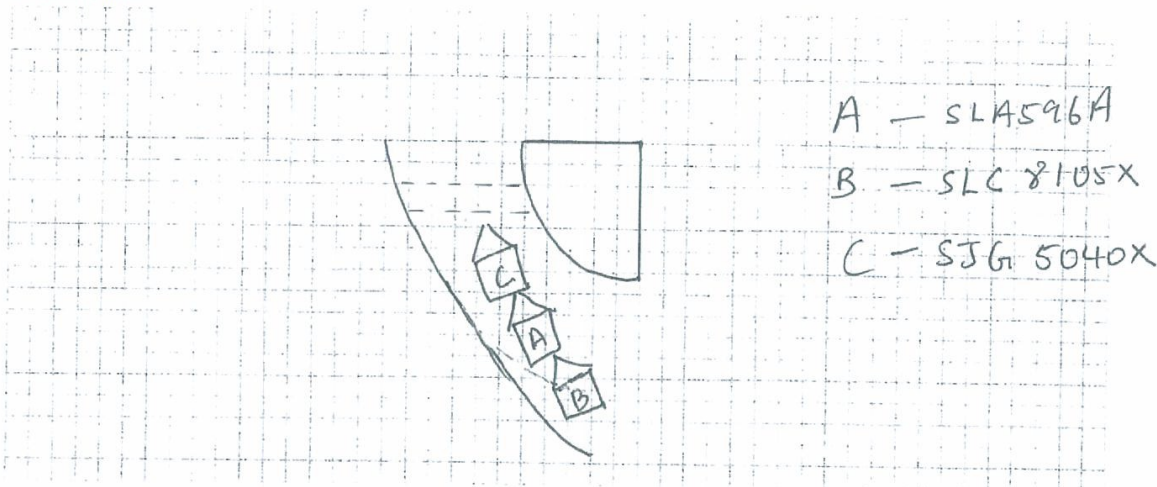


Policyholder's Signature
Date & Time:

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

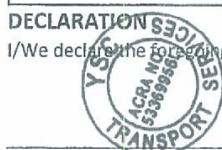
IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Reporting Centre Portuguese Signatures
Name: Singapore 415933
Tel: 67416697
NRIC/FIN No.: Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 31/8/17 at 10.35am, I was driving my vehicle from slip road towards Choa Chu Kang Way. In front of the vehicle C stop, I follow suit. Suddenly I felt an impact from behind, then my car push forward and hit on vehicle C. There were 3 cars involved in an accident.



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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933

Reporting Centre Person Tel: 67416097
Name: Fax: 67492305
NRIC/FIN No: Email: vackb@singnet.com.sg

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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