

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	10/09/2018 13:02
Date Of Accident	08/09/2018 12:00
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT BEFORE LORNIE RD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8682J
Insured/Policyholder	
Name Of Registered Owner	TAN LEE SZE
NRIC No	S1519992Z
Email Address	SEAHCP@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90186686
Alternative Phone No	OTHERS-90186686

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.3L AT
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098651074
Cover Note Number	

Driver

Name of Driver	RAYMOND SEAH CHEE PENG
NRIC No	S1548417I
Date Of Birth	25/01/1962
Occupation	INDOOR
Date Of Driving Pass	15/11/1983
Driving Experience	34 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96664884
Fax Number	
Contact Number	OTHERS-96664884
Email Address	SEAHCP@HOTMAIL.COM

Address	30 PASIR RIS LINK #12-27
Postcode	518147
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	WET

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)	3
Passenger 1	NAME: : TAN LEE SZE GENDER: : FEMALE
Passenger 2	NAME: : GARRICK SEAH YUN KAI 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

PLS REFER TO THE ATTACHED STATEMENT.

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	SHC7036R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 SJM2193B
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 SJN1648H
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 4

Vehicle Registration Number SJN4068L
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 RAYMOND SEAH CHEE PENG
Approximate Age
Injuries Sustain BACK AND NECK PAIN
Injured person in which vehicle? SJX8682J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name TAN LEE SZE
Approximate Age
Injuries Sustain BACK AND NECK PAIN
Injured person in which vehicle? SJX8682J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 3

Name GARRICK SEAH YUN KAI
Approximate Age
Injuries Sustain BACK AND NECK PAIN
Injured person in which vehicle? SJX8682J
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

Form No. 10/19/2018

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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of the report 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:

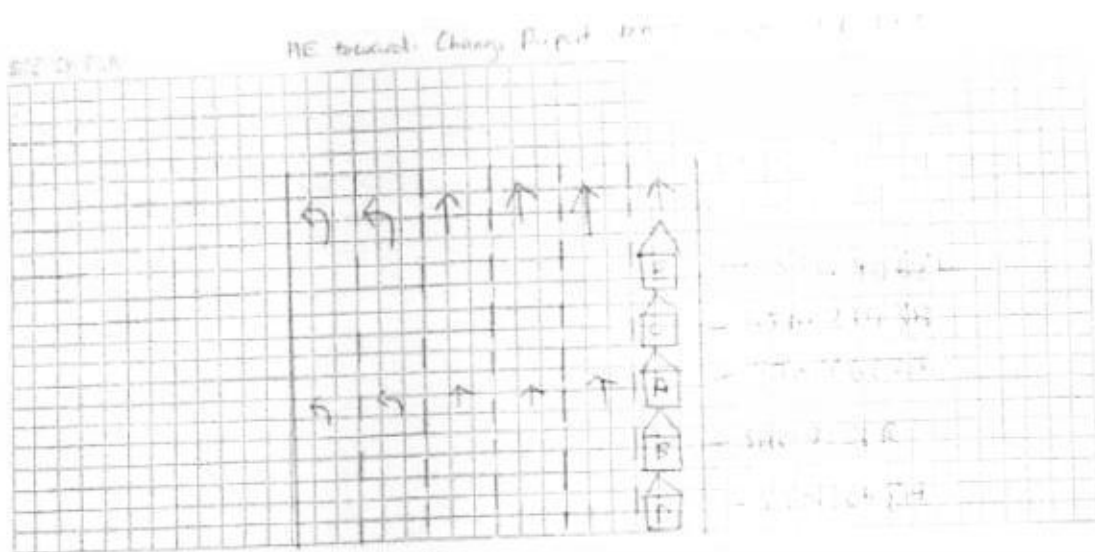
- (a) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this Form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and to disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident and/or 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; and
 - (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 Representative's Signature
Name:
Title/Position:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling on PR towards Cherry Point Rd. The traffic was heavy. Suddenly the vehicle in front of me (vehicle C) slowed down and I followed to slow down and stop. Suddenly, vehicle C moved forward and hit my vehicle A, and caused me to move forward and hit vehicle B. I got down and saw a fire car chain collision.

DECLARATION

(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:

Supporting Officer/Personnel's Signature
Date & Time: