

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	08/09/2018 11:33
Date Of Accident	07/09/2018 19:30
Exact Location Of Accident	ECP TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD521A
Insured/Policyholder	
Name Of Registered Owner	ONG SEE BAN
NRIC No	S0152335Z
Email Address	ONGSB@SINGTEL.COM
Mobile Phone No	(LOCAL) +65-97818717
Alternative Phone No	OTHERS-97818717

Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 TURBO (A)
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	5080948148-02
Cover Note Number	31/05/2018 - 30/05/2019

Driver

Name of Driver	ONG SEE BAN
NRIC No	S0152335Z
Date Of Birth	05/03/1949
Occupation	INDOOR
Date Of Driving Pass	09/07/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97818717
Fax Number	
Contact Number	OTHERS-97818717
Email Address	ONGSB@SINGTEL.COM

Address	BLK 33 SIMEI STREET 3 #08-19
Postcode	529903
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	RAINING
Road Surface	WET

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)	2
Passenger 1	
	NAME: : PASSENGER
	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

MY VEHICLE WAS STATIONARY BEHIND VEHICLE C DUE TO HEAVY TRAFFIC WHEN VEHICLE B HIT INTO THE REAR PORTION OF MY VEHICLE AND PROPELLED MY VEHICLE TO HIT INTO THE REAR PORTION OF VEHICLE C. IT'S A 3 CARS 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	SCV8000X
Vehicle Make/Model/Colour	KIA CERATO
Details Of Properties	FRONT PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	RYAN TAN YE KAI
NRIC/Passport Number	S9731997I
Contact Number	98199082
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

Passenger 1

NAME: : PASSENGER

GENDER: : MALE

Passenger 2

NAME: : PASSENGER

GENDER: : FEMALE

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHC8641L

Vehicle Make/Model/Colour

I40

Details Of Properties

REAR PORTION

Vehicle Category

TAXI

Name of Driver

TAN CHEE HUAT

NRIC/Passport Number

S1125223J

Contact Number

96308693

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A.

7.9.18

Vehicle No:

SLD521A

Make Model: Chevrolet Orkinde

Report Date: 9/8/2018 Start Time: 11:27 AM

Reporting Type: TP End Time:

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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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.

Policyholder's Signature
Date & Time:

9/8/2018 11:27

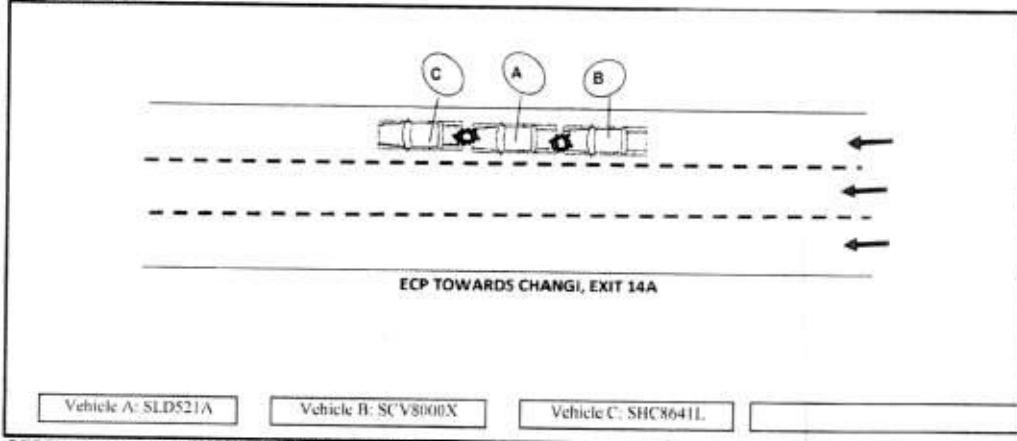
Driver's Signature (if driver is not the policyholder)
Date & Time:

9/8/2018 11:27

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY BEHIND VEHICLE C DUE TO HEAVY TRAFFIC WHEN VEHICLE B HIT INTO THE REAR PORTION OF MY VEHICLE AND PROPELLED MY VEHICLE TO HIT INTO THE REAR PORTION OF VEHICLE C. IT'S A 3 CARS CHAIN COLLISION.

DECLARATION

We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

9/8/2018 11:27

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

9/8/2018 11:27

Reporting Centre Personnel's Signature
Name: Eric Woo Jun Kiat
NRIC/ Fin No: S992753