

## 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	01/10/2018 17:26
Date Of Accident	29/09/2018 11:00
Exact Location Of Accident	TPE TWDS CHANGI EXITING TO PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFH2948P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LEE NGING MRS WONG FEE MIN
NRIC No	S1841371Z
Email Address	REDLINE_ACE@YAHOO.COM
Mobile Phone No	(LOCAL) +65-93852973
Alternative Phone No	OTHERS-93852973

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5E 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5035903653-09
Cover Note Number	

### Driver

Name of Driver	WONG WING HENG, EDMUND (HUANG YONGXING, EDMUND )
NRIC No	S8036603E
Date Of Birth	15/11/1980
Occupation	OUTDOOR
Date Of Driving Pass	13/06/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93852973
Fax Number	
Contact Number	OTHERS-93852973
EEmail Address	REDLINE_ACE@YAHOO.COM

Address	BLK 410A FERNVALE ROAD #24-114
Postcode	791410
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	4
Passenger 1	NAME: : TAN LEE NGING GENDER: : FEMALE
Passenger 2	NAME: : LEON WONG GENDER: : MALE
Passenger 3	NAME: : RACHEL WONG 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

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	GZ5159Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	DURASAMY RAMAMOORTHY
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name WONG WING HENG, EDMUND ( HUANG YONGXING, EDMUND )  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name TAN LEE NGING  
Approximate Age  
Injuries Sustain BACK AND NECK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name LEON WONG  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name RACHEI WONG  
Approximate Age  
Injuries Sustain NECK AND BACK PAIN  
Injured person in which vehicle? SFH2948P  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

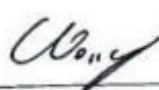
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7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

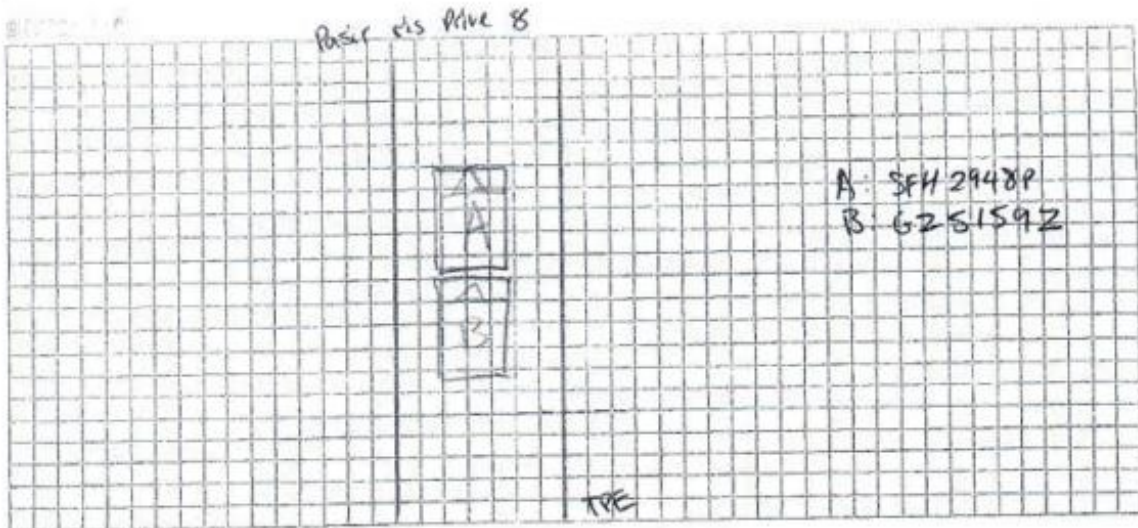
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

## Sketch Plan #2



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE towards Changi Slip Road exiting to Pasir ris Drive 8. While waiting for the traffic to move off, I suddenly felt an huge impact from my vehicle rear position.

### 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:

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



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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