

## 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 17:17
Date Of Accident	01/10/2018 14:30
Exact Location Of Accident	SLIP RD OF CTE TWDS CITY NEAR BUS BAY 60089
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLZ5732J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KELVIN & GERALDINE
Co Reg No	53358675E
Email Address	RONNAVIN@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-83813753

### Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE & REWARD
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	5100612169
Cover Note Number	

### Driver

Name of Driver	TING MING LIANG,KELVIN
NRIC No	S8113472C
Date Of Birth	11/05/1981
Occupation	OUTDOOR
Date Of Driving Pass	04/03/2006
Driving Experience	12 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83813753
Fax Number	
Contact Number	
EMail Address	RONNAVIN@YAHOO.COM.SG

Address	BLK 216A COMPASSVALE DRIVE #04-538
Postcode	541216
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	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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

I WAS DRIVING STRAIGHT ALONG SLIP RD OF CTE TWDS CITY NEAR BUS BAY 60089. A VEHICLE IN FRONT OF ME STOPPED TO GIVE WAY TO THE BUS. SO I SLOWED DOWN & SUDDENLY, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. WHEN I ALIGHTED FROM MY CAR, I REALISED VEHICLE GZ1570U COLLIDED TO MY REAR PORTION CAUSING DAMAGE AND A CAR, SJJ2326B WAS ALSO INVOLVED IN THIE CHAIN COLLISION. MY VEHICLE HAD 3 FEMALE PASSENGERS.

#### 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ1570U
Vehicle Make/Model/Colour	
Details Of Properties	VEHJICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	HOSAEN MOHAMMAD ANWAR

NRIC/Passport Number	G8421669R
Contact Number	91937115
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJJ2326B
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE HIRE
Name of Driver	CHOO BENG TIONG
NRIC/Passport Number	S7324911B
Contact Number	97200819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	CHOO BENG TIONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJJ2326B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
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.

KELVIN & GERALDINE  
Co Reg No: 53358675E

Policyholder's Signature  
Date & Time:

01 OCT 2018  
1603hrs

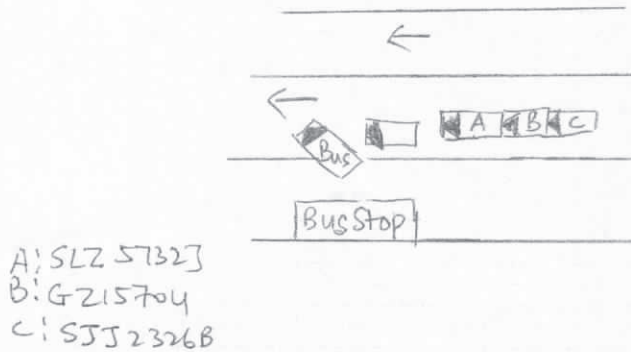
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

01 OCT 2018  
1603hrs

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving straight along slip road of CTE towards City near bus bay 60089. A vehicle in front of me stopped to give way to the bus. So I slowed down & suddenly, I felt a great impact from the rear of my vehicle. When I alighted from my car, I realised vehicle GZ1570U collided onto my car rear portion causing damage and a car SJJ2326B was also involved in the chain collision. My vehicle had 3 female passengers.

## DECLARATION

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

KELVIN & GERALDINE  
Co Reg No: 53358675E

Policyholder's Signature  
Date & Time:

01 OCT 2018  
1603hrs

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

01 OCT 2018  
1603hrs

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