

## 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 02/10/2018 12:56  
 Date Of Accident 02/10/2018 08:45  
 Exact Location Of Accident CTE(SLE) BEFORE MANDAI  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SJA3005T  
**Insured/Policyholder**  
 Name Of Registered Owner CHEW CHONG TIN HENRY  
 NRIC No S0314644H  
 Email Address NOEMAIL  
 Mobile Phone No (LOCAL) +65-96771439  
 Alternative Phone No OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer TOYOTA  
 Model VIOS-1.5 (A)  
 Exact Purpose for which vehicle was being used at time of accident PERSONAL  
 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 5033254335-09  
 Cover Note Number

### Driver

Name of Driver CHEW CHONG TIN HENRY  
 NRIC No S0314644H  
 Date Of Birth 04/11/1930  
 Occupation INDOOR  
 Date Of Driving Pass 02/02/1955  
 Driving Experience 63 YEARS AND 8 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-96771439  
 Fax Number  
 Contact Number OFFICE-NOPHONE  
 Email Address NOEMAIL

Address	BLK 333 #03-285 SERANGOON AVE 3
Postcode	550333
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	
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: : DR JEFFREY CHEW 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

REFER TO 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	SJQ8140T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	97437876
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHA7168D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MD DAHLAN
NRIC/Passport Number	
Contact Number	96471000
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.
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.

CHEW CHONG TIN HENRY  
02/10/2018 12:43  
Policyholder's Signature / Date & Time

CHEW CHONG TIN HENRY  
02/10/2018 12:43  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

## Sketch Plan #2

### Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



### Describe Circumstances of the Accident

My Car Position : IN BETWEEN CAR

#### DESCRIPTION :

On 2nd Oct 2018 at about 0845hrs, I was travelling on SLE towards Woodlands. Traffic was heavy and slow moving. The car in front of me, SJO8140T stopped. I also stopped but the taxi behind me, SHA7168T, hit against my rear causing me to move forward and hit onto the front car. All drivers came down after the accident and we exchanged particulars.

### Declaration

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

CHEW CHONG TIN HENRY  
02/10/2018 12:43  
Policyholder's Signature / Date &  
Time

CHEW CHONG TIN HENRY  
02/10/2018 12:43  
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Witnessed by Reporting Centre  
Personnel

NOTICE OF REPORTING

Appendix B

This is to confirm that Henry Chiew Chay Tin NRIC/PIN  
803146444 has reported to the Police a non-injury traffic accident which  
occurred at SLE, mandai exit

on 02-10-18 at 0755 am/pm involving the following vehicles:

2. If this accident was reported to the Police within 24 hours of its occurrence, then  
he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

① 9JA 200ST, Complainant

② 9JG 814DT

③ 5KA 7168D

Rank/Name of Issuing Officer: Sgt (2) Angraf

Date: 02-10-18 Time: 2050 hrs

SD Ref: 71

Police Post/Unit: Selegie NPCC

