SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	08/11/2018 13:35
Date Of Accident	08/11/2018 08:20
Exact Location Of Accident	AYE TOWARDS JURONG DIRECTION
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLQ8507X
Insured/Policyholder	
Name Of Registered Owner	TAN YEE SIANG (CHEN YICHANG)
NRIC No	S8109918I
Email Address	FIONTANYS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96978008
Alternative Phone No	OTHERS-96978008
Vehicle Particulars	
Manufacturer	AUDI
Model	A3-1.4 TFSI (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	5093269754-01
Cover Note Number	21/09/2018 TO 20/09/2019
Driver	
Name of Driver	TAN YEE SIANG (CHEN YICHANG)
NRIC No	S8109918I
Date Of Birth	13/04/1981
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2013
Driving Experience	5 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96978008
Fax Number	
Contact Number	OTHERS-96978008

FIONTANYS@GMAIL.COM

Address BLOCK 169 HOUGANG AVENUE 1

#14-1415

Postcode 530169

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 Registration Number of Briver's CWIT

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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 8
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by

ambulance?

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) 1

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 SHD9476K

Vehicle Make/Model/Colour

Details Of Properties TRANSCAB

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

SLC37L

Vehicle Make/Model/Colour

Details Of Properties SALOON CAR
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 TAN YEE SIANG

Approximate Age 37

Injuries Sustain

Injured person in which vehicle? SLQ8507X

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

BMW

Address BLOCK 169 HOUGANG AVENUE 1

#14-1415

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Sketch Plan Pg. 1

SKETCH PLAN

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- The 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 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:
 - 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

NIBIC/EIN NIG

Sketch Plan Pg. 2

SKETCH PLAN
-> fowards Lucay
B: 8+D9476k-Unkno
DE DE BEFFEE DE DE CESIC 37 LE 1
D. Lunknown
E: 4 Unknown
P. J.
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
On 08/11/2018 @ 8.80 an, I was travelly along
AYE Cowards Trong direction. Traffic was quite
Leavy, Front reliedes slowed down & stopped and
I followed suit. Buddenly, ar impact from behind,
ing velicle (A: St Q850)X) was pushed forward
to hit onto the front vehicle (C:SLC 37L).
I alighted and realised that if was a chan
collision of more than 8 vehicles. I do not have
a chance to copy the rest of the whides number.
No police & amondance came to the scene.
DECLARATION
I/We declare the foregoing particulars are true in every respect.
Policyholper's Signature Driver's Signature Reporting Centre Personnel's Signature
Date & Time: Still 2018 (If driver is not the policyholder) Date & Time: NAME: NRIC/FIN No.: Start And

















