

## 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 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.

### ACCIDENT STATEMENT

Date Of Report	30/11/2018 12:57
Date Of Accident	30/11/2018 08:30
Exact Location Of Accident	FARRER ROAD TWDS QUEENSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDA6020A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH JIA HAO
NRIC No	S9111280I
Email Address	KOHJIAHAO91@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97893056
Alternative Phone No	OTHERS-97893056
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	520I-2.0 (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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094610933-01
Cover Note Number	29/09/2018 - 13/08/2019
<b>Driver</b>	
Name of Driver	KOH JIA HAO
NRIC No	S9111280I
Date Of Birth	05/04/1991
Occupation	INDOOR
Date Of Driving Pass	19/01/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97893056
Fax Number	
Contact Number	OTHERS-97893056
Email Address	KOHJIAHAO91@GMAIL.COM

Address BLK 141 YISHUN RING ROAD #10-08  
 Postcode 760141  
 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: : CHING SHU ROU  
 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**

On 30/11/18 at around 8.30am, I was travelling on lane 1 along Farrer Road where the vehicle in front suddenly brake. I tried stop my vehicle but was not able to do so and I hit onto the rear of Vehicle C. Shortly after I hit onto vehicle C, Vehicle B hit onto my vehicle's rear. Upon checking with the 2 other drivers involved, no one was injured in this accident.

**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 SHB4014D  
 Vehicle Make/Model/Colour TAXI  
 Details Of Properties FRONT PORTION  
 Vehicle Category TAXI  
 Name of Driver ROHANI  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SJV657X  
Vehicle Make/Model/Colour HONDA JADE  
Details Of Properties REAR PORTION  
Vehicle Category PRIVATE CAR  
Name of Driver KELVIN  
NRIC/Passport Number  
Contact Number 98151659  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 30/11/2018 13:05

Report No: MT \_\_\_\_\_

D.O.A: 30/11/2018

Vehicle No: SDA6020A

Reporting Type: TP

Time: \_\_\_\_\_ hrs

SKETCH PLAN

IMPORTANT NOTICE

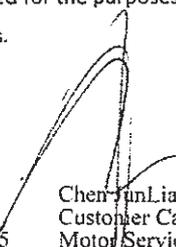
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8. **Consent under the Personal Data Protection Act (PDPA)**

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 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.

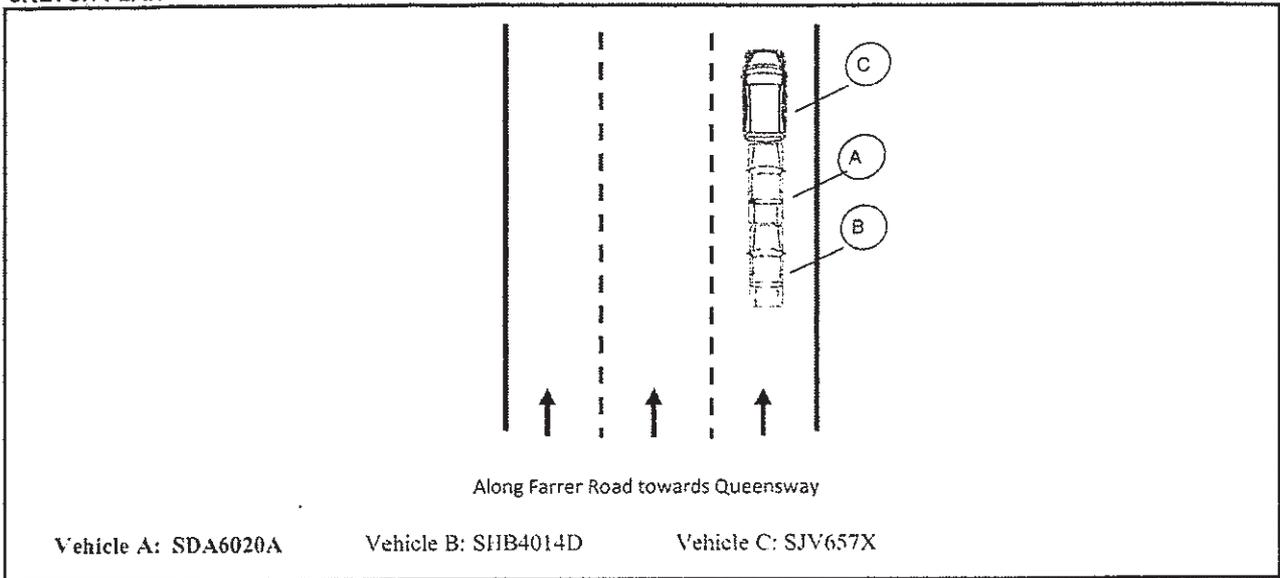
  
 30/11/18 / 13:05  
 Policyholder's Signature / Date & Time

30/11/18 / 13:05  
 Driver's Signature (if driver is not the policyholder) / Date & Time

  
 Chen JunLiang (S990765)  
 Customer Care Executive  
 Motor Service Centre  
 Witnessed by Reporting Centre Personnel

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

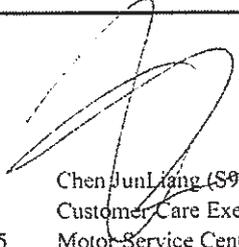
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Declaration

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

  
30/11/18 / 13:05  
Policyholder's Signature / Date & Time

30/11/18 / 13:05  
Driver's Signature (If driver is not the policyholder) / Date & Time

  
Chen JunLiang (S990765)  
Customer Care Executive  
Motor Service Centre  
Witnessed by Reporting Centre Personnel