

## 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	20/12/2018 11:41
Date Of Accident	19/12/2018 17:40
Exact Location Of Accident	LOWER DELTA RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT3452X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR NG KUAN AIK
NRIC No	S7618874B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96231804
Alternative Phone No	OFFICE-96231804

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3 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	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3017131804
Cover Note Number	

### Driver

Name of Driver	NG KUAN AIK
NRIC No	S7618874B
Date Of Birth	28/06/1976
Occupation	INDOOR
Date Of Driving Pass	27/11/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96231804
Fax Number	
Contact Number	OFFICE-96231804
EEmail Address	NOEMAIL

Address	35 MILTONIA CLOSE #12-32
Postcode	768065
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 (including own vehicle) 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: : ZHANG ZHE JIN GENDER: : FEMALE
Passenger 2	NAME: : NG XIN YU, DORIS GENDER: : FEMALE
Passenger 3	NAME: : NG YU HENG, AARON 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 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	SGZ7047A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YANG JIMING
NRIC/Passport Number	S7282780E

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 SKW6766H  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category PRIVATE CAR  
Name of Driver TAN CHENG KWANG  
NRIC/Passport Number S7144454F  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

#### DETAILS OF INJURED PERSON 1

Name NG XIN YU, DORIS  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? SGT3452X  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

# Accident Sketch Plan


## 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: 20/12/18, 1030am

  
Driver's Signature

(If driver is not the policyholder)

Date & Time: 20/12/18, 1030am

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 19/12/18 at about 5:40pm, I was driving along Lower Delta Road on the left lane. Traffic volume was moderate. Vehicles in front slowed down so I followed. Suddenly Car B which was behind me hit the rear of my car (A) and the great impact caused my car (A) to surge forward and hit car (C). We alighted from our car and exchange our particulars.

DECLARATION

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

  
Policyholder's Signature  
Date & Time: 20/12/18, 11:30am

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 20/12/18, 11:30am

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

Accident Photo



Accident Photo



Accident Photo





Accident Photo



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