

## 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	03/01/2019 16:48
Date Of Accident	22/12/2018 01:55
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX1371M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SOH CHIN
Work Permit No	S1772308A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97566781
Alternative Phone No	OFFICE-97566781

### Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE 5DR
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0083553095-14
Cover Note Number	

### Driver

Name of Driver	PANG JIAHAO, JASON
NRIC No	S9101490D
Date Of Birth	20/01/1991
Occupation	INDOOR
Date Of Driving Pass	28/07/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96425332
Fax Number	
Contact Number	OFFICE-96425332
EEmail Address	NOEMAIL

Address	BLK 427 PASIR RIS DRIVE 6 #06-43
Postcode	510427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
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)	2
Passenger 1	NAME: : FION LEONG GENDER: : FEMALE

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2440000 - <b>FAX NO:</b> 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

REFER TO POLICE REPORT - G/20181222/7004.

### 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	SLJ9740T
Vehicle Make/Model/Colour	
Details Of Properties	
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 OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

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)

# Accident Sketch Plan

## SKETCH PLAN

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6. The report will be forwarded by the insurers to 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 lodging 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 claim (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/may 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.

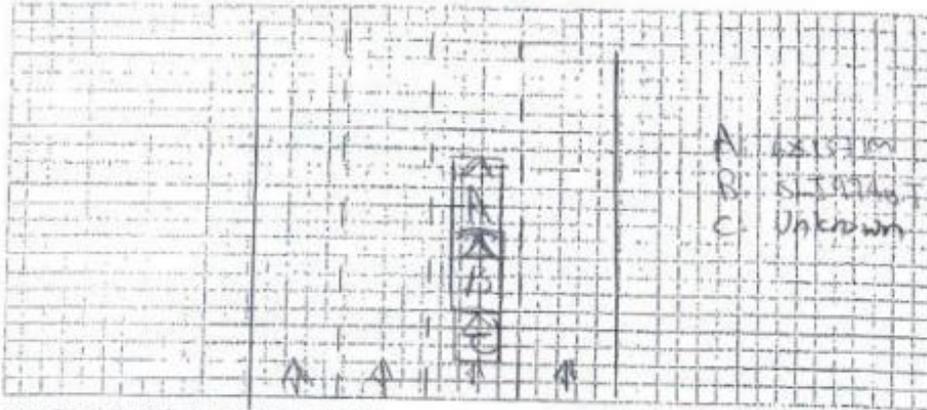
For Policyholder's Signature:  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

Reporting Centre Person's Signature  
Name:  
ICBC/AV No.:

**Police Report**



**SINGAPORE  
POLICE FORCE**



G/20181222/7004

1 of 1

**POLICE REPORT (NP299)**

Report No. G/20181222/7004

Police Station Of Origin  
Bedok Division HQ  
30 Bedok North Road SINGAPORE 469678  
Tel No:1800-2440000

Date/Time Report Made 22/12/2018 03:13	Video Report No.	Station Diary No.
Name Of Informant PANG JIAHAO, JASON	Address APT BLK 427 PASIR RIS DRIVE 6 #06-43 SINGAPORE 510427	
ID Type / ID No. NRIC NO / S9101490D	Contact No. Home/Office:	Mobile: 96425332
Nationality SINGAPORE CITIZEN	Email Address oliverpang@gmail.com	
Occupation Management executive	Sex Male	Age 27
Institution/School Name	Date of Birth 20/01/1991	Race Chinese
Date/Time Of Incident 22/12/2018 01:55	Language English	
	Location Of Incident APT BLK 427 PASIR RIS DRIVE 6 #06-43 SINGAPORE 510427	

**Brief details.**

Vehicle stalled along the highway (PIE towards changi Airport). Vehicle stopped and i put on the hazard lights. After 1-2 minutes, a car hit me from behind. I understand that a third vehicle had hit the car behind me which caused the chain collision.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/12/2018 03:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo

