

## 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	15/01/2019 11:14
Date Of Accident	15/01/2019 07:10
Exact Location Of Accident	KJE TOWARDS WOODLANDS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKT5480D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	WEE ENG CHOON
NRIC No	S1290507F
Email Address	WEE.ENGCHOON@NEWERAEEQUIPMENT.COM
Mobile Phone No	(LOCAL) +65-92706336
Alternative Phone No	OTHERS-92706336

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (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	5072212479-03
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	WEE ENG CHOON
NRIC No	S1290507F
Date Of Birth	06/03/1958
Occupation	INDOOR
Date Of Driving Pass	09/02/1978
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92706336
Fax Number	
Contact Number	OTHERS-92706336
E-Mail Address	WEE.ENGCHOON@NEWERAEEQUIPMENT.COM

Address	BLK 834 JURONG WEST STREET 81 #03-25
Postcode	640834
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	4
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)	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

I WAS DRIVING STRIAIGHT WHEN VEHICLE B CUT INTO MY LANE CAUSING ME NOT ABLE TO BRAKE IN TIME AND HIT INTO VEHICLE B REAR PORTION. SUBSEQUENTLY, I FELT AN IMPACT IN THE REAR PORTION OF MY VEHICLE. I ALIGHTED TO REALISE THAT I WAS INVOLVED IN A 4 CARS CHAIN COLLISION.

#### 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	SLU6567P
Vehicle Make/Model/Colour	WHITE HONDA FREED
Details Of Properties	REAR PORTION
Vehicle Category	PRIVATE CAR
Name of Driver	QIN YUAN
NRIC/Passport Number	S8860326E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : PASSENGER

GENDER: : FEMALE

**DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number GY3826A  
Vehicle Make/Model/Colour  
Details Of Properties FRONT AND REAR PORTION  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver CHIDAMBARAM PADMANATHAN  
NRIC/Passport Number G7440234N  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

**DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number GZ4584K  
Vehicle Make/Model/Colour  
Details Of Properties FRONT PORTION  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver) 1

# Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A.

15/1/19

Vehicle No:

SKT5480D

Make / Model:

Honda V201

Report Date: 15/1/2019 Start Time: 11:21 AM

Reporting Type: TP

End Time:

## 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 be 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 be 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 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.

15/1/2019 11:20

Policyholder's Signature  
Date & Time:

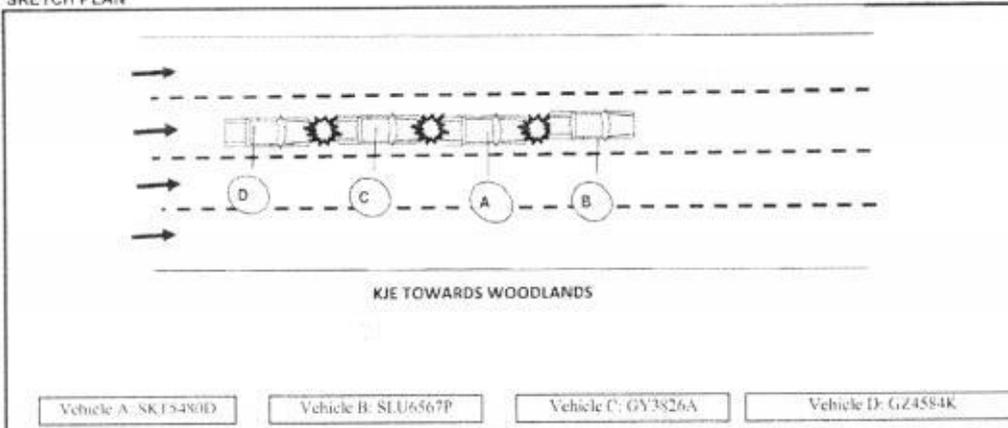
15/1/2019 11:20

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

Reporting Centre Personnel's Signature  
Name: Eric Woo Jun Kial  
NRIC/ Fin No: S992753

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

(We declare the foregoing particulars are true in every respect

15/1/2019 11:20

Policyholder's Signature  
Date & Time:

15/1/2019 11:20

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

Reporting Centre Personnel's Signature  
Name: Eric Woo Jun Kiat  
NRIC/ Fir No: S992753