#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Contact Number 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	17/01/2019 15:23
Date Of Accident	16/01/2019 15:45
Exact Location Of Accident	CTE TOWARDS SLE BEFORE PIE EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJH9799J
Insured/Policyholder	
Name Of Registered Owner	YOW CHEE KIN
NRIC No	S7515328G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92959958
Alternative Phone No	OTHERS-98484238
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ-1.4 (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0001521
Cover Note Number	01.09.2018 TO 31.08.2019
Driver	
Name of Driver	ASHLEY SOH HWEE WEN
NRIC No	S8223632E
Date Of Birth	29/07/1982
Occupation	INDOOR
Date Of Driving Pass	12/06/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98484238
Fax Number	

**NOEMAIL** 

11 JOO CHIAT LANE Address

#01-03

Postcode 428127

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

**CHAIN COLLISION** Type Of Accident

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

3

Was any other material or property damaged? I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **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 16/01/2019 at about 1545hrs, I was driving my vehicle (A: SJH9799J) on the outer lane along slip road of CTE towards PIE. Suddenly I realised the vehicle (B: SJT6173X) hit onto rear portion of vehicle (C: SMF3442C) which travelling in front of me. I immediately applied my brake to avoid collision but to not avail. Thus, my vehicle's front portion hit onto rear portion of vehicle B causing chain collision. Nobody was injured in this accident. Vehicle A (\$JH9799J) - No passenger on board. vehicle B (SJT6173X) - 3 female adult passenger on board. Vehicle C (SMF3442C) - No passenger on board.

#### Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

#### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number SJT6173X

Vehicle Make/Model/Colour TOYOTA ALTIS, SILVER COLOUR

**Details Of Properties** SALOON CAR Vehicle Category PRIVATE CAR Name of Driver TAN AI THO NRIC/Passport Number S1558119J Contact Number 8585 4737

Address

Postcode

Insurance Company Name

Nature Of Damage FRONT AND REAR

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SMF3442C

Vehicle Make/Model/Colour HONDA CIVIC

Details Of Properties SALOON CAR

Vehicle Category PRIVATE CAR

Name of Driver MELVIN TANG

NRIC/Passport Number

Contact Number 9616 3543

Address Postcode

Insurance Company Name

Nature Of Damage REAR PORTION

No. Of Passenger (Including Driver) 1

#### Sketch Plan Pg. 1

#### SKETCH PLAN

### **IMPORTANT NOTICE**

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- 5. Any false reporting may be referred to the Police for investigation.
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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:

- 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)
  - (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
- 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.
- 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:

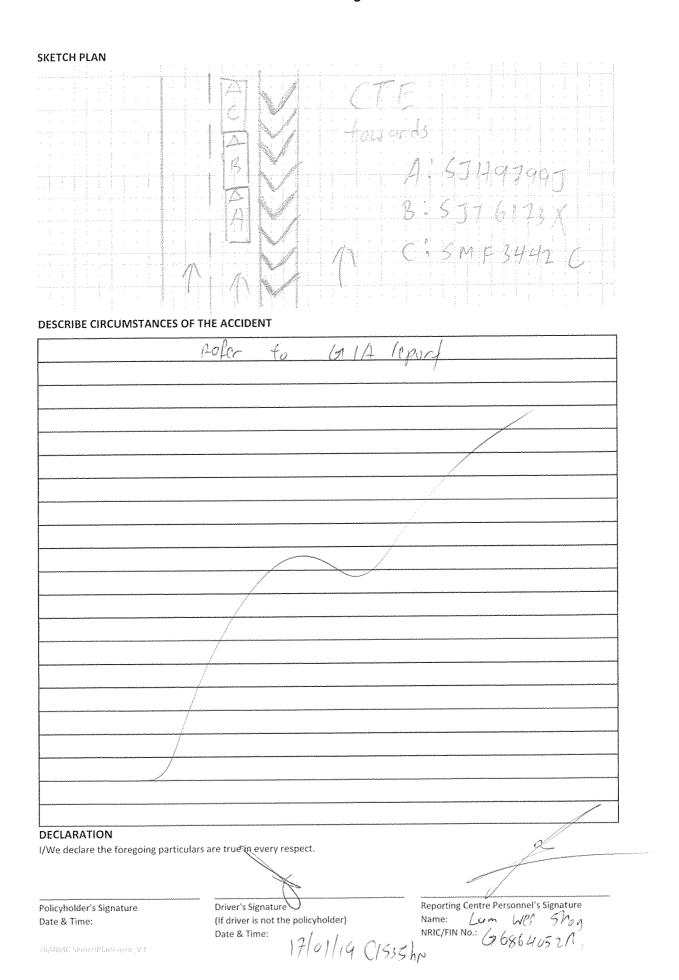
Driver's Signature (If driver is not the policyholder) 17/01/19C1536h

Date & Time:

Reporting Centre Personnel's Signature Lam Wel Shong Name:

NRIC/FIN NO.: G6864652A

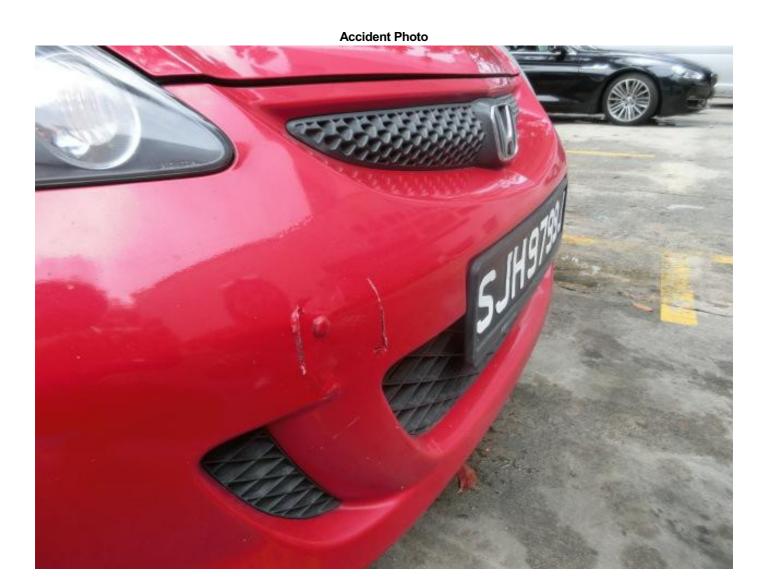
## Sketch Plan Pg. 2

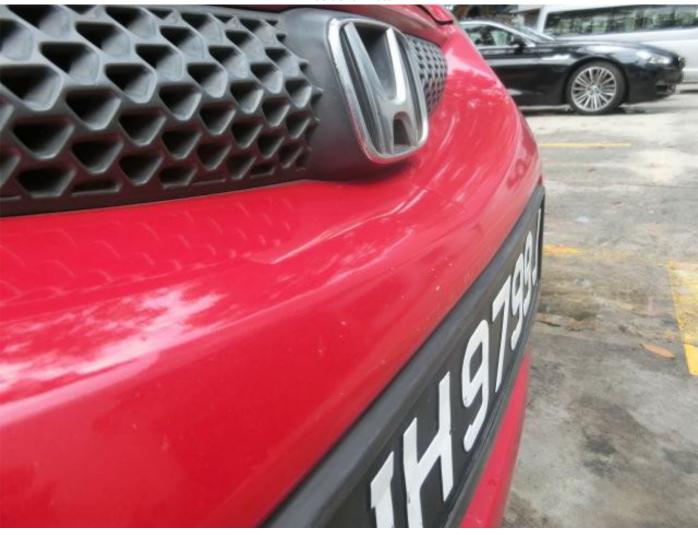














#### Addendum Sheet Pg. 1



#### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: 566550020G / GST Reg. No.: M400017735

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: M7LM 19001988 Vehicle Registration No: SJH 97 991 Name(as shown in NRIC): SOLY HUPE WEA NRIC/FIN/Passport No: 58223632 13 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate ( life t Lune #01-03 \_\_\_\_\_\_ Singapore (428127) Address Mobile No.: 9848 4238 Contact (Tel) **Email Address** \_Time of Accident: 15 4 5 4 o Date of Accident Place of Accident Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Policyholder / Driver's Signature Date: 7/1/19

Date: 17/1/10

Name:

NRIC/FINNo.:

Reporting Ceptre Personnel's Signature

BARCH additional Action &