

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	01/02/2019 10:10
Date Of Accident	31/01/2019 22:25
Exact Location Of Accident	PIE 22.7KM BEFORE LAMP POST 1091/2A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGS1969R
Insured/Policyholder	
Name Of Registered Owner	KOH PANG SIM
NRIC No	S0401128G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96665619
Alternative Phone No	OFFICE-96665619

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5026669951-10
Cover Note Number	07/03/2018 - 06/03/2019

Driver

Name of Driver	KOH SZE YON (XU ZHIRONG)
NRIC No	S7348139B
Date Of Birth	24/12/1973
Occupation	INDOOR
Date Of Driving Pass	25/06/1992
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96905436
Fax Number	
Contact Number	
Email Address	KSYMARVIN@GMAIL.COM

Address	BLK 310 SHUNFU ROAD #08-03
Postcode	570310
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	5
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

MOTOR CAR SKN8586U SUDDEN E-BRAKE INFRONT TO STOP, I FOLLOWED TOO. HOWEVER, IMPACTS CAME FROM BEHIND OF MY CAR AND PUSHED MY VEHICLE TO THE FRONT AND HIT ONTO THE BACK OF SKN8586U. UPON ALIGHTING, I THEN REALISED I WAS INVOLVED IN A 5 CAR CHAIN COLLISION WITH 3 OTHER VEHICLES (SCY1312B, SJV4798X & SLJ7772P) BEHIND OF MY VEHICLE. NO ONE WAS INJURED.

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	SCY1312B
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON LING
NRIC/Passport Number	S6810344D
Contact Number	97425618
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJV4798X
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TAN SENG CHAI
NRIC/Passport Number	S7307787G
Contact Number	92232721
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLJ7772P
Vehicle Make/Model/Colour	BLUE MAZDA
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	ANDIAPPAN PALANICHAMY
NRIC/Passport Number	G6687426K
Contact Number	98069920
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SKN8586U
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD AZLAN BIN AHMAD MAHDI
NRIC/Passport Number	S8408405J
Contact Number	81886635
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: S951969R
INSURER : NTUC
DATE & TIME: 31/01/19 @ 2225

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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.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Douglas (AMK)
NRIC/FIN No.: 011 021 19

Sketch Plan #2

SKETCH PLAN

refer to sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SES1969R (NTUC)
Date & Time: 31/01/19 @ 2225 (clear/dry)
Motor car SKN8586U sudden e-brake, in front to stop, i followed too. However, impacts came from behind ^{of my car} and pushed my vehicle to the front and hit onto the back of SKN8586U. Upon alighting, i then realised i was involved in a 5 car chain collision with 3 other vehicles (SCY1312B, SJV4798X & SLJ7772P) behind of my vehicle. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

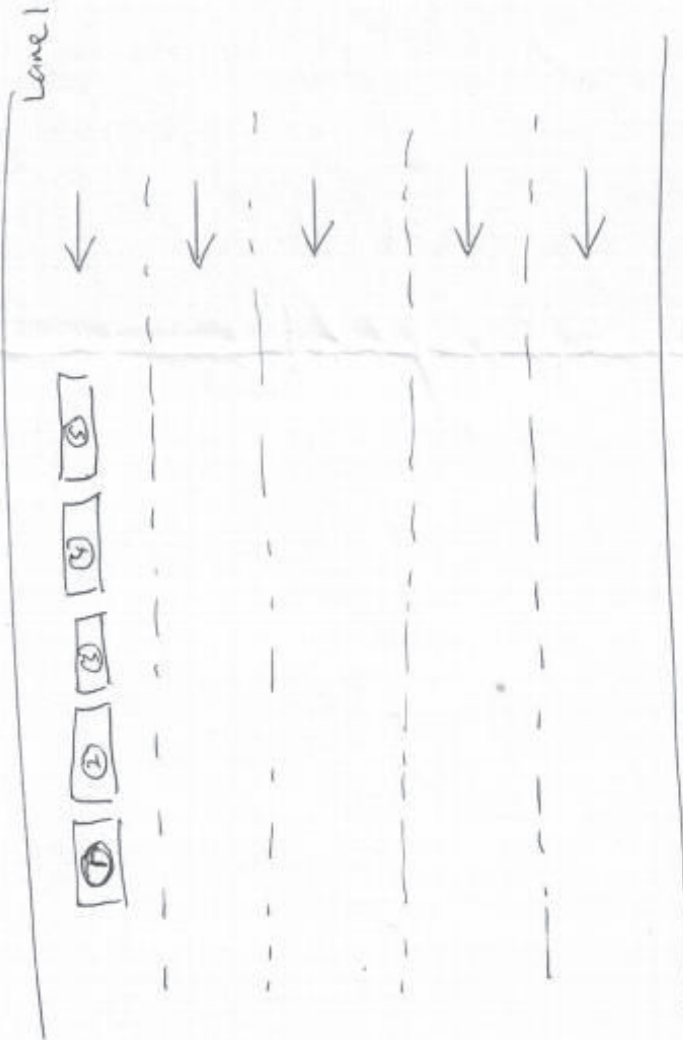
Policyholder's Signature
Date & Time:

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

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

GIARMC Sketch Plan Form_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()

Loc: PTE (Tues) Lane 1 of 5 lanes
23.7km
before lamppost 1091/2A



① Muhammad Azlan Bin
Amad Mandi
S8408405J
Vehicle: SKW 8586U
Tel: 8188 6635

② Own vehicle

③ Tan Boon Ling
S6810344D
Vehicle: SCY1312B
Tel: 9742 5618

④ Tan Seng Chai
S7307787G
Vehicle: SJV 4798X
Tel: 92232721

⑤ Andiappan Palanichamy
G6687426K
Vehicle: SLJ7772P
Tel: 98069920
Company car: 93365311