

## 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	13/03/2019 17:44
Date Of Accident	13/03/2019 15:15
Exact Location Of Accident	ECP TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP6819M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LYE SENG
NRIC No	S6934135G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98287274
Alternative Phone No	OTHERS-98287274

### Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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 HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103080105
Cover Note Number	DRIVO CLASSIC

### Driver

Name of Driver	MAYILVAHANAM S/O V SOMASUNDARAM
NRIC No	S2669464G
Date Of Birth	17/02/1962
Occupation	INDOOR
Date Of Driving Pass	23/08/1999
Driving Experience	19 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83110091
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 230 TAMPINES STREET 24 #06-134
Postcode	524230
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE

#### 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 SLOWING DOWN MY VEHICLE ALONG ECP DUE TO HEAVY TRAFFIC WHEN I FELT A KNOCK FROM BEHIND. I ALIGHTED AND REALISED 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	SKW1177R
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 SHA4114D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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 3

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)

## Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A: 13 3 19

Vehicle No: 3JPC879M

Make / Model: LAGON 15511

Report Date: 13/3/2019 Start Time: 5:59 PM

Reporting Type: TP

End Time:

### IMPORTANT NOTICE

### SKETCH PLAN

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5. **Any false reporting may be referred to the Police for investigation.**
6. The 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.
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 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.

13/3/2019 17:59

Policyholder's Signature  
Date & Time:

13/3/2019 17:59

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

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

# Sketch Plan Pg. 2

**SKETCH PLAN**

ECP TOWARDS CHANGI

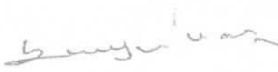
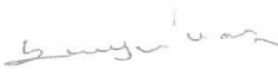

Vehicle A: SJP6819M	Vehicle B: SKW1177R	Vehicle C: SHA4114D	Vehicle D: UNKNOWN
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**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I WAS SLOWING DOWN MY VEHICLE ALONG ECP DUE TO HEAVY TRAFFIC WHEN I FELT A KNOCK FROM BEHIND. I ALIGHTED AND REALISED THAT I WAS INVOLVED IN A 4 CARS CHAIN COLLISION.

## DECLARATION

We declare the foregoing particulars are true in every respect.

 13/3/2019 17:59 <hr/> Policyholder's Signature Date & Time:	 13/3/2019 17:59 <hr/> Driver's Signature (If driver is not the policyholder) Date & Time:	 <hr/> Reporting Centre Personnel's Signature Name: Eric Woo Jun Kiat NRIC/ Fin No: S992753
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