

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	10/04/2019 14:24
Date Of Accident	09/04/2019 16:55
Exact Location Of Accident	PIE TOWARDS TUAS NEAR ADAM ROAD EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE1658C
Insured/Policyholder	
Name Of Registered Owner	WANG XIAOXU
NRIC No	S8673854F
Email Address	HINODE1986@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81261590
Alternative Phone No	OTHERS-81261590

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 CVT ABS D/AIRBAG 2WD 5DR (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	5082166297-02
Cover Note Number	11/07/2018 TO 10/07/2019

Driver

Name of Driver	WANG XIAOXU
NRIC No	S8673854F
Date Of Birth	01/08/1986
Occupation	INDOOR
Date Of Driving Pass	27/05/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81261590
Fax Number	
Contact Number	OTHERS-81261590
EEmail Address	HINODE1986@GMAIL.COM

Address	BLOCK 651 JALAN TENAGA #12-10
Postcode	410651
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	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	6
Was any body injured in the Accident?	YES
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: : JU XUESONG GENDER: : MALE

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 09/04/2019 at about 1655hrs, I was driving my vehicle (A: SLE1658C) on the first lane along PIE towards Tuas near Adam Road Exit. I slowed down and stopped of my vehicle due to in front have chain collision involve 4 vehicles due to one of the motorcycle skidded. Suddenly I felt a great impact on my vehicle's rear portion caused my vehicle pushed forward hit onto rear portion of vehicle (C: SHA7207A) which travelled in front of my vehicle. I alighted and discovered that vehicle (B: SLN1590R) had hit onto my vehicle's rear portion caused chain collision total involve 6 vehicles. After the accident, my passenger and me felt uncomfortable. Vehicle A (SLE 1658C) - 1 male adult passenger on board. Vehicle B (SLN1590R), Vehicle (C: SHA9207A), Vehicle (D: SLE6731R), Vehicle (E: SJS849A) and Vehicle (F: SKR6270Y) - 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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN1590R
Vehicle Make/Model/Colour	KIA CERATO K3, RED COLOUR
Details Of Properties	SALOON CAR
Vehicle Category	PRIVATE CAR
Name of Driver	PHILIP
NRIC/Passport Number	
Contact Number	9858 8872

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHA7207A
Vehicle Make/Model/Colour
Details Of Properties COMFORT TAXI
Vehicle Category TAXI
Name of Driver JUSTIN
NRIC/Passport Number
Contact Number 927 2601
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLE6731R
Vehicle Make/Model/Colour VOLKSWAGEN POLO, RED COLOUR
Details Of Properties SALOON CAR
Vehicle Category PRIVATE CAR
Name of Driver JASMINE
NRIC/Passport Number
Contact Number 9656 7402
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number SJS849A
Vehicle Make/Model/Colour HYUNDAI AVENTE, GREY COLOUR
Details Of Properties PRIVATE HIRE VEHICLE
Vehicle Category PRIVATE HIRE
Name of Driver ANDY
NRIC/Passport Number
Contact Number 9325 3698
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number SKR6270Y
Vehicle Make/Model/Colour NISSAN SYPHY, BLUE COLOUR
Details Of Properties SALOON CAR
Vehicle Category PRIVATE CAR

Name of Driver	QUEK
NRIC/Passport Number	
Contact Number	9753 5696
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	WANG XIAOXU
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE1658C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	JU XUESONG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SLE1658C
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

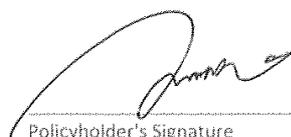
SKETCH PLAN

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. 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 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)**

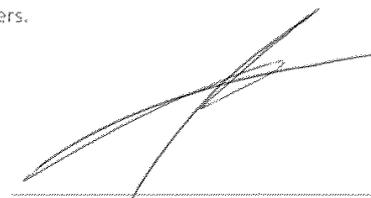
I understand, acknowledge, agree and consent that:

- (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

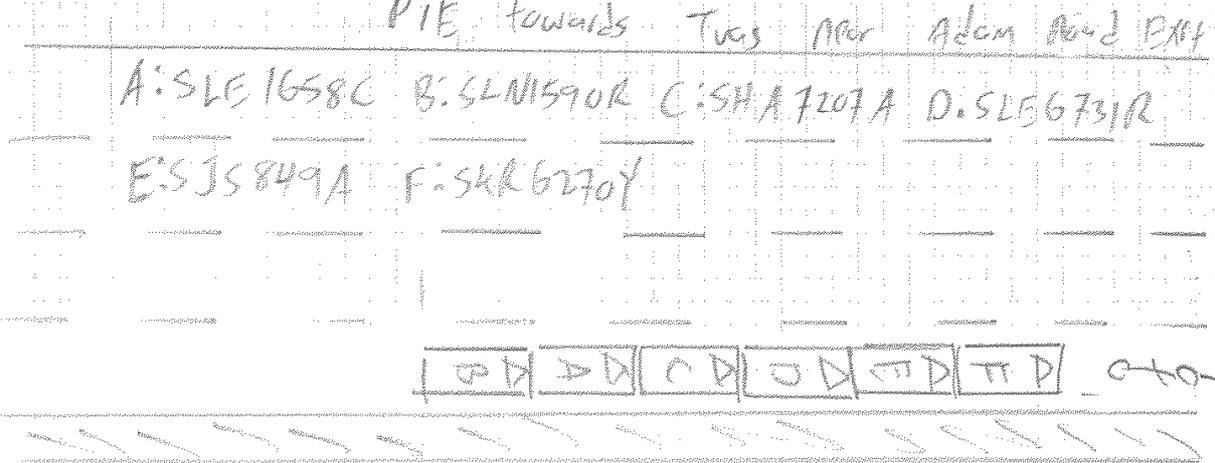
Date & Time: 10/04/19 01:20h

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


Reporting Centre Personnel's Signature
Name: Lam Wai Shun
NRIC/FIN No.: G16804052 R

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

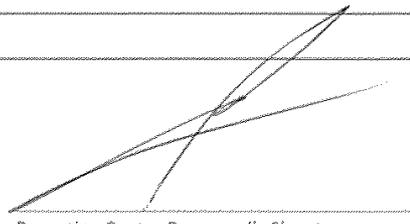
Refer to CIA report

DECLARATION

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


 Policyholder's Signature
 Date & Time: 10/04/2019 01:20pm

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


 Reporting Centre Personnel's Signature
 Name: Lem Wai Sheng
 NRIC/FIN No.: G68660521

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

