

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	15/04/2019 15:15
Date Of Accident	13/04/2019 11:50
Exact Location Of Accident	PIE TWDS CHANGI NEAR EXIT TO LORNIE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJE6683U
Insured/Policyholder	
Name Of Registered Owner	CHOW OOI YOKE
NRIC No	S1810330C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97986218
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	NISSAN
Model	LATIO-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P10061343R00
Cover Note Number	

Driver

Name of Driver	CHOW OEI KHENG
NRIC No	S1530884B
Date Of Birth	18/09/1962
Occupation	INDOOR
Date Of Driving Pass	03/03/1992
Driving Experience	27 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96267729
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 19 GHIM MOH ROAD #11-249
Postcode	270019
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	3
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

REFER TO SKETCH PLAN

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLJ2415D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG CHEE TONG
NRIC/Passport Number	S2568330G
Contact Number	96809111
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF4480K
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO SI YUAN BENJAMIN

NRIC/Passport Number

S8319415D

Contact Number

97341722

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

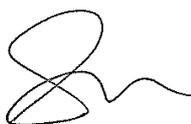
I understand, acknowledge, agree and consent that:

- (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:



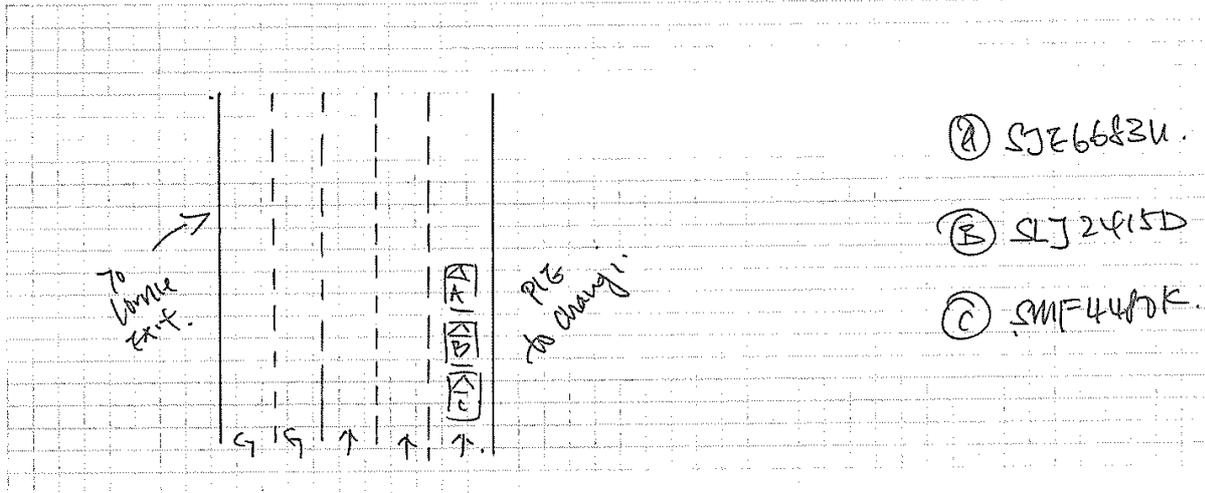
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/04/19 @ around 1150 hrs, I was travelling along PIE towards Changi. While driving near the exit of Wince PD, the vehicle in front had slow down the speed & I also slow down my speed & suddenly jammed brakes & I applied my brakes & stop in time. But suddenly I felt an impact on my rear then I went down to see & notice that Vehicle B had hit onto my rear & this accident also involved with Vehicle C.

DECLARATION

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

Claim own policy
 Claim third party
 Claim OD / TP at other works hop _____
 For record purposes

Policy No. P10061343 ROS.
 Insurer Indojet Veh. No. SJ26683U.

Policyholder's Signature
Date & Time:

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

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



Policy Schedule

Third Party Only Car Policy
Policy Number: P10061343R00

Your Policy Summary, Certificate of Insurance, Policy Schedule and Product Disclosure Document will form an insurance contract with us for your policy. Do let us know straightaway if any of the details shown here need to be amended.

Period of Insurance

Policy Number : P10061343R00 Policy Issued On : 30/04/2018
Policy Start Date : 02/05/2018 (00:00) Policy End Date : 01/05/2019 (23:59)

Cover

Type of Cover : Third Party Only / Authorised Driver Plan
Optional Cover(s) : Please refer to Policy Summary for any optional cover(s) selected.

Excess (All excess amounts are subject to GST, if applicable)

Policy : Not applicable

Premiums

Gross Premium : S\$ 310.07
7% GST : S\$ 21.70
Total Premium Payable : S\$ 331.77

Policyholder

Name : Chow Ooi Yoke
Address : 685B Jurong West Street 64 #11-163 Singapore 642685
Email Address : cokheng@yahoo.com
Mobile Number : 96267729

Main Driver

Name : Chow Oei Kheng
Date of Birth : 18/09/1962
Gender / Marital Status : Female / Single
Occupation : Executive: (Civil Servant/ Private sector)
Certificate of Merit : Yes
Licence Held For : More than 5 years
No. of Claims/Accidents (Last 3 Yrs) : 0 At-Fault and 0 Not At-Fault

Vehicle Insured

Vehicle Registration Number : SJE6683U
Chassis Number : JN1BAAC11Z0009685
Make & Model : Nissan Latio Sedan 1.5
Vehicle Colour : Gold
Year of First Registration : 2008
Sum Insured : Market Value
Off-Peak Car : No
NCD : 50%
Vehicle Usage : Private and Commuting
Modifications Declared : None

Driver Plan

Authorised Driver Plan. Household members of the Main Driver not named in the policy will not be covered. The Excess amount(s) described above may apply, in accordance with the Product Disclosure Document.

Named Driver(s)

Driver(s)	Date of Birth	Licence Held For	No. of Claims/Accidents (Last 3 Years)	
			At-Fault	Not At-Fault
Chow Ooi Yoke	02/05/1967	More than 5 years	0	0

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1530884B**
Name: **CHOW OEI KHENG**

Birth Date: **18 Sep 1962**
Issue Date: **11 Feb 2003**

000188463H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S1530884B**



Name: **CHOW OEI KHENG**
周爱琼

Race: **CHINESE**

Date of birth: **18-09-1962** Sex: **F** S: **S1530884B**

Country/Place of birth: **SINGAPORE**



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	03 Mar 1992

NP 428A

Licence No. **S1530884B**



6086162



NRIC No. **S1530884B**



Date of issue: **20-12-2018**

Address: **APT BLK 19 GHIM MOH ROAD
#11-249
SINGAPORE 270019**

Accident Photo



Accident Photo



Accident Photo



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