

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	05/04/2019 12:28
Date Of Accident	04/04/2019 19:30
Exact Location Of Accident	CLEMENTI ROAD NEARBY SUNSET WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKS7994E
Insured/Policyholder	
Name Of Registered Owner	YAM JUN XUAN GERVAIS
NRIC No	S8839531Z
Email Address	GERVAIS.YAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83328599
Alternative Phone No	OTHERS-83328599

Vehicle Particulars

Manufacturer	KIA
Model	FORTE K3 1.6A
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	5103597178
Cover Note Number	

Driver

Name of Driver	YAM JUN XUAN GERVAIS
NRIC No	S8839531Z
Date Of Birth	13/10/1988
Occupation	INDOOR
Date Of Driving Pass	14/06/2007
Driving Experience	11 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83328599
Fax Number	
Contact Number	OTHERS-83328599
Email Address	GERVAIS.YAM@GMAIL.COM

Address	BLK 101 #02-153 CLEMENTI STREET 14
Postcode	120101
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	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?	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)	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 BELOW STATEMENT/SKETCH PLAN;

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	SLW4299R
Vehicle Make/Model/Colour	TOYOTA YARIS E AUTO
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	SGK6263C
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Vehicle Make/Model/Colour	NISSAN LATIO 1.5LSR
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 3

Vehicle Registration Number	SHF1521E
Vehicle Make/Model/Colour	BYD E6H
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 INJURED PERSON 1

Name	YAM JUN XUAN GERVAIS
Approximate Age	
Injuries Sustain	1 DAY MC
Injured person in which vehicle?	SKS7994E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 101 #02-153 CLEMENTI STREET 14
Postcode	120101

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.

05 APR 2019

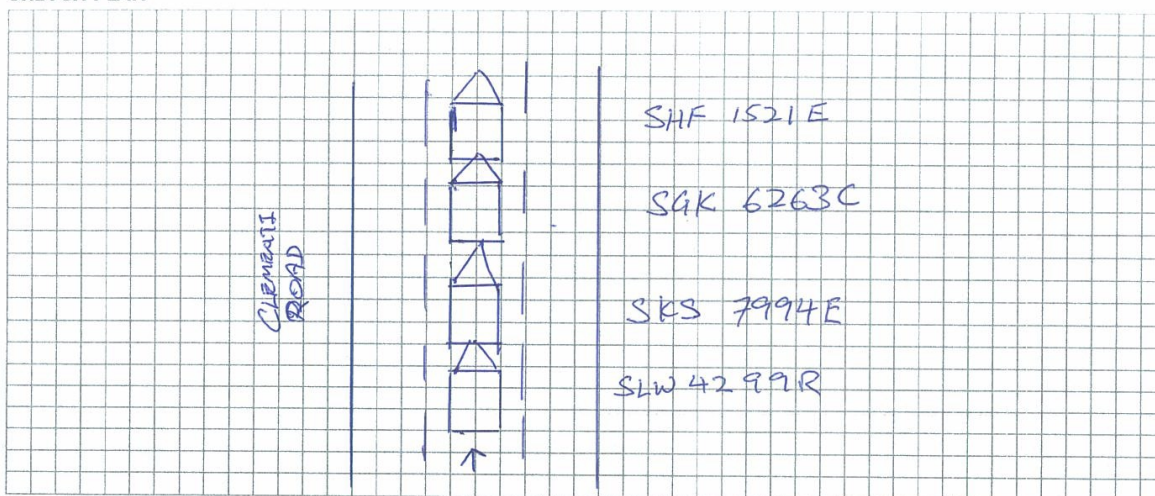
IDAC KAKI BUKIT (VAC)

Reporting Centre: **23 Kaki Bukit Ave 4**
Name: **Singapore 415933**
NRIC/TEL: **67416697** Fax: **67492305**
Email: **vackb@singnet.com.sg**

Policyholder's Signature
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was traveling along Clementi road on 4 April 2019. I saw that the car in front of me came to a complete stop. Therefore, I slowed down and came to a complete stop, while maintaining a safe distance between my car and the car in front. Suddenly, the car behind me crashed into the rear of my car, and the impact caused my car to hit the car in front of me.

DECLARATION

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

05 APR 2019

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Name: Tel: 67416697 Fax: 67492305

NRIC/FIN NO:

Email: vackb@singnet.com.sg

Accident Sketch Plan

Ng Teng Fong General Hospital

A member of the NUHS

MEDICAL CERTIFICATE (Ref:53346450)

ORIGINAL

NAME: YAM JUN XUAN, GERVAIS

NRIC: S8839531Z

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**


The above named is unfit for duty from **5/4/2019** to **5/4/2019** inclusive

The certificate is not valid for absence from court attendance.

The above name was in Emergency Department from **04/04/2019 23:16** to **05/04/2019 03:00**.

05/04/2019
Date

Dr. Khanijow KAAJAL (18184F)
Issued by


Signature

Location: **NTFGH EMERGENCY**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : _____ Vehicle Registration No: 8KJ799CE
Name (as shown in NRIC) : Yam Jun Xuan NRIC/FIN/Passport No : S88 3953 12
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 833 285991
Email Address : _____
Date of Accident : 04.04.2019 Time of Accident : 19.30'
Place of Accident : Clement Rd
Insurance Company: Lime

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

update injury

[Signature]
Policyholder / Driver's Signature
Date: 05 APR 2019

IDAC KAKI BUKIT (VAC)
Reporting Centre: 23 Kaki Bukit Ave 4
Name: Singapore 415933
NRIC/FIN: 67416697 Fax: 67492305
Date: Email: vackb@singnet.com.sg