

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	12/06/2019 16:09
Date Of Accident	12/06/2019 09:30
Exact Location Of Accident	BKE TOWARDS AND NEAR WOODLANDS CHECKPOINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ9260A
Insured/Policyholder	
Name Of Registered Owner	CHIA KOK KIAN
NRIC No	S1829599G
Email Address	CHIAANDY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98310482
Alternative Phone No	OTHERS-98310482

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109064650
Cover Note Number	

Driver

Name of Driver	LIEW CHOI FUN
NRIC No	S6876576E
Date Of Birth	09/07/1968
Occupation	INDOOR
Date Of Driving Pass	22/11/2007
Driving Experience	11 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98310482
Fax Number	
Contact Number	
Email Address	LIEWCHOIFUN88WAY@HOTMAIL.COM

Address	BLK. 412 SUAJANA ROAD #02-64
Postcode	670412
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE ABOVE MENTION DATE & TIME, I WAS TRAVELLING ALONG BKE TOWARDS WOODLANDS CHECKPOINT. I WANTS TO CHANGE LANE ONTO THE RIGHT 1ST LANE, WHEN I WAS HALF IN-SIDE, VEHICLE B WHO WAS TRAVELLING STRAIGHT ON THE 1ST LANE, HIT ONTO MY DMIDDLE RIGHT SIDE, AND PUSHED MY VEHICLE FORWARD TO HIT VEHICLE C WHICH IS ON MY THIRD LANE.

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	PC1513A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMED JALAL BIN MOHAMED JALANI
NRIC/Passport Number	S1462709Z
Contact Number	
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGF408T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAU KOK LEONG
NRIC/Passport Number	S7831838D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:



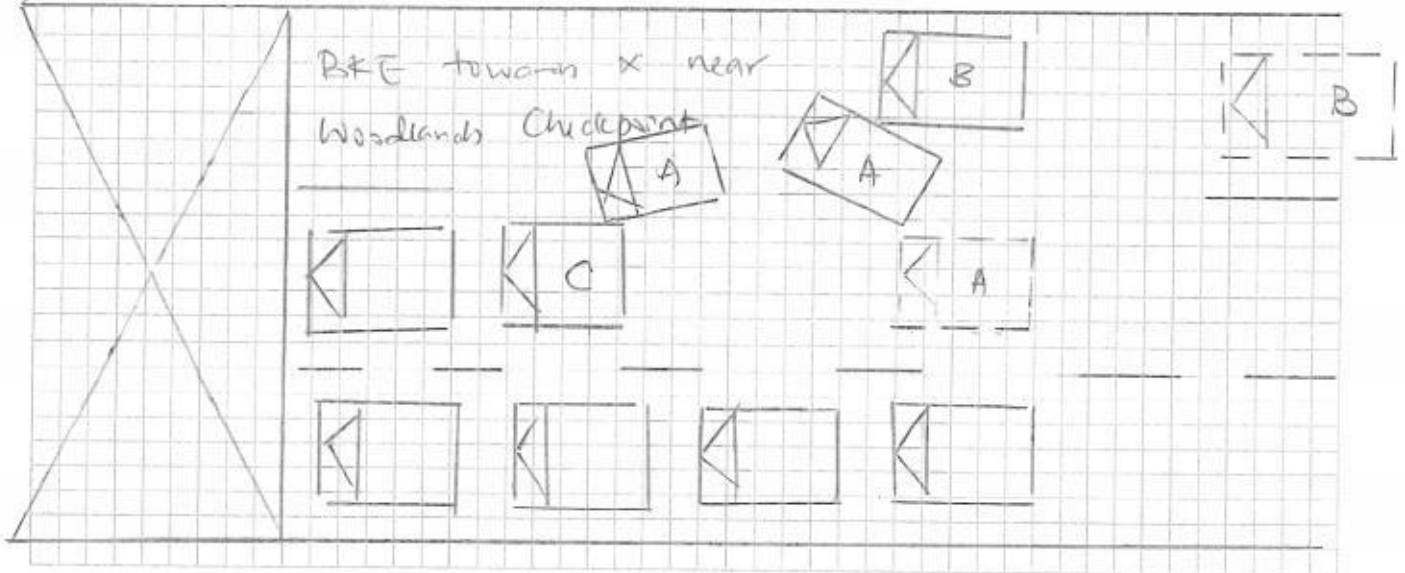
CYS Automobile Services Pte Ltd
Reporting Centre, Personnel, Singapore East 1
Name: #07-12, Admiralty Industrial Park
Singapore 757700
NRIC/FIN No.:
Tel: 6219 2098 (Lines) Fax: 6219 2096

A - SMJ9260A

C - SGF408T

B - PC1513A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE MENTION DATE & time. I was
 Travelling along BKE towards WOODLANDS CHECKPOINT.
 I wanted to change lane onto the Right 1st
 Lane, when I was half in-side, vehicle B
 who was Travelling straight on the 1st Lane hit
 into my middle Right side. And pushed my
 vehicle forward to hit vehicle C which
 is on the third Lane.

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:



進友成汽車服務私人有限公司

CYS Automobile Services Pte Ltd

Reporting Centre Personnel's Signature

38 Woodlands Industrial Park East 1

Name: #07-17 Woodlands Industrial Park

NRIC/FIN No.: Singapore 752700

Tel: 6219 2098 (lines) Fax: 6219 2096



CONFIDENTIAL

NOTICE OF COMPLIANCE

This is to inform that Mr / Ms Llew Chai Fun
NRIC/FIN S6876576E, residing at Blk 412 Saujana Road #02-64 has reported to police
a non-injury traffic accident which occurred at BKE towards and near Woodlands
checkpoint

on 12/06/2019 at 0930 hrs am/pm involving the following vehicles:

- I SMJ9260A
- II PC1513A
- III SGF408T
- IV -

2. If the accident was reported to Police within 24 hours of its accident occurrence,

he/she therefore has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer : Sgt Quek Jun Cai
Date : 12/06/2019
Time : 1455 hrs
S/D Ref : 50
Police Post/Unit : Bukit Panjang NPC


Bukit Panjang NPC
1 Seleg Road #01-05
Singapore 377738
Tel : 6892 0900

Original - To be issued to informant
Duplicate - To be retained at NPC or Police Post