

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	15/06/2019 10:38
Date Of Accident	14/06/2019 20:25
Exact Location Of Accident	AYE NEAR CLEMENTI RD EXIT 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLX5781C
Insured/Policyholder	
Name Of Registered Owner	CHONG WUI HIUNG
NRIC No	S7775077J
Email Address	CHONGWUIHIUNG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98576115
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	C-HR HYBRID 1.8S CVT
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	5107957269
Cover Note Number	

Driver

Name of Driver	CHONG WUI HIUNG
NRIC No	S7775077J
Date Of Birth	25/07/1977
Occupation	INDOOR
Date Of Driving Pass	12/07/1996
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98576115
Fax Number	
Contact Number	OFFICE-NOPHONE
EEmail Address	CHONGWUIHIUNG@YAHOO.COM.SG

Address	APT BLK 296C BUKIT BATOK STREET 22 #19-88
Postcode	653296
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	2
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

PLEASE REFER TO THE 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	SBJ28U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KIAN HONG
NRIC/Passport Number	S1103198F
Contact Number	98756288
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU8352C
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

GOH CHING YONG

NRIC/Passport Number

S9029749Z

Contact Number

91852662

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:

15/6/19
10.35 a.m

with consent of Insurer

Driver's Signature

(If driver is not the policyholder)

Date & Time:

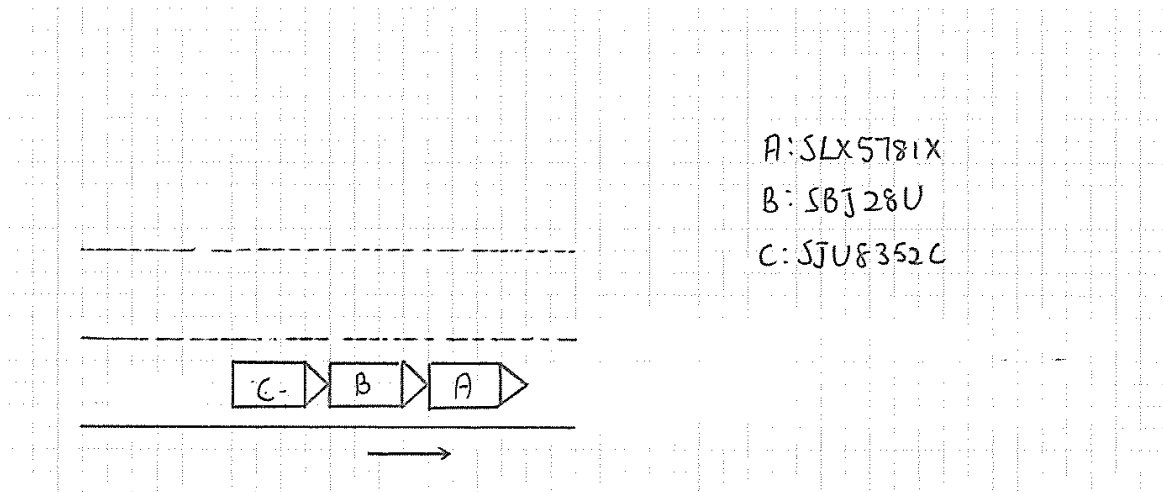
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SLX5781X	ACCIDENT DATE & TIME: 14/6/19 20:25
CONTACT NUMBER: 9857 6115	E-MAIL ADDRESS: chongwlihiung@yahoo.com.sg
LOCATION: AYE Near Clementi RD Exit 9 (After Speed camera)	
On 14/6/19 around 20:25, I am travelling along AYE.	
I slowed down my vehicle due to my car in front of me slowed	
down their car. Suddenly, the vehicle B SBJ28U move forward and	
hit my vehicle due to the impact of vehicle SJU8352C.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN	
OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only	

DECLARATION

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

Policyholder's Signature

Date & Time: 15/6/19

10.35am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7775077J**
Name: **CHONG WUI HIUNG**

Birth Date: **25 Jul 1977**
Issue Date: **19 Apr 2017**

002676246G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S7775077J**

Name: **CHONG WUI HIUNG**
張偉雄

Race: **CHINESE**
Date of birth: **25-07-1977**
Country/Place of birth: **MALAYSIA**

Sex: **M**



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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight $\leq$ 3000kg with $\leq$ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq$ 2500kg	12 Jul 1996

NP 428A

Licence No: **S7775077J**

9443483

HRIC No. **S7775077J**

Nationality: **MALAYSIAN**
Date of issue: **03-05-2017**

Address: **APT BLK 296C BUKIT BATOK STREET 22
#19-88
SINGAPORE 653296**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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