

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	22/06/2019 11:18
Date Of Accident	22/06/2019 04:40
Exact Location Of Accident	TPE (PIE) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ5969P
Insured/Policyholder	
Name Of Registered Owner	DOMINIC LER KENG HSIANG
NRIC No	S9711581H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97736458
Alternative Phone No	OFFICE-97736458

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER 1.6 GLX 5MT AIRBAG 2WD 4DR
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109358586
Cover Note Number	

Driver

Name of Driver	DOMINIC LER KENG HSIANG
NRIC No	S9711581H
Date Of Birth	05/04/1997
Occupation	OUTDOOR
Date Of Driving Pass	03/01/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97736458
Fax Number	
Contact Number	OFFICE-97736458
EEmail Address	NOEMAIL

Address	BLK 562 PASIR RIS STREET 51 #09-257
Postcode	510562
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	COLLISION - HEAD TO REAR
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?	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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. MY CAR WAS STRANDED AFTER IT RAN ACROSS A LARGE PIECE OF METAL DEBRIS, WHICH WAS TRAPPED UNDER MY CAR, RENDERING IT IMMOVABLE. I GOT OUT OF THE CAR, LOOKED UNDER THE CAR, AND SAW THE DEBRIS STUCK UNDERNEATH. TO WARN APPROACHING VEHICLES, I TOOK 3 MEASURES. 1. TURN ON THE HAZARD LIGHT. 2. OPEN THE CAR BOOT. 3. HUNG A FLASHLIGHT ON STROBE MODE FROM THE BOOT. ALL 3 WERE DONE IN ORDER TO WARN OTHER MOTORISTS TO AVOID THE LANE I WAS IN. I THEN PROCEEDED TO CALL THE LTA HOTLINE, AND EMAS WAS ACTIVATED TO VISIT THE SITE OF BREAKDOWN. WHILE WAITING FOR EMAS AND LTA OUTRIDER TO ARRIVE, I WENT TO THE FRONT OF MY CAR, TO INSPECT THE UNDERCARRIAGE FURTHER. SUDDENLY, THE OTHER PARTY COLLIDED ONTO THE REAR OF MY CAR, DESPITE HAVING DISPLAYED 3 OBVIOUS WARNING INDICATORS TO SHOW THAT THERE IS A HAZARD AHEAD. MY OWN CAR HIT MY LEGS UPON IMPACT FROM THE REAR, AND I FALL AGAINST THE FRONT BONNET OF MY OWN CAR. SUSTAINING INJURY TO MY LEFT LEG TOO. THE REAR OF MY CAR WAS SMASHED, MY FRONT BONNET WAS DENTED BECAUSE I FALL AGAINST IT UPON IMPACT. MY LEFT BEGAN TO FELT PAIN GRADUALLY. AFTER EMAS PERSONNEL REMOVED THE DEBRIS FROM UNDERNEATH MY CAR, I KEPT THE DEBRIS AS EVIDENCE, AND I WAS ABLE TO DRIVE BACK MY NEIGHBOURHOOD MSCP, AND ARRANGE FROM TOWING SERVICE TO TOW MY CAR TO A WORKSHOP. THE OTHER PARTY HAS A DASHCAM INSTALLED AT THE FRONT OF HER CAR, IT CONTAINS EVIDENCE, KINDLY NOTE.

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	SJU5590B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver	TOH WING SIE, CLARISSA
NRIC/Passport Number	S9304785J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	DOMINIC LER KENG HSIANG
Approximate Age	
Injuries Sustain	LEFT LEG
Injured person in which vehicle?	SJQ5969P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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)**

(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.

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

Accident Sketch Plan

SKETCH PLAN

refer to attached
Sketch plan.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

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



Policyholder's Signature
Date & Time:

Continued on next page

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



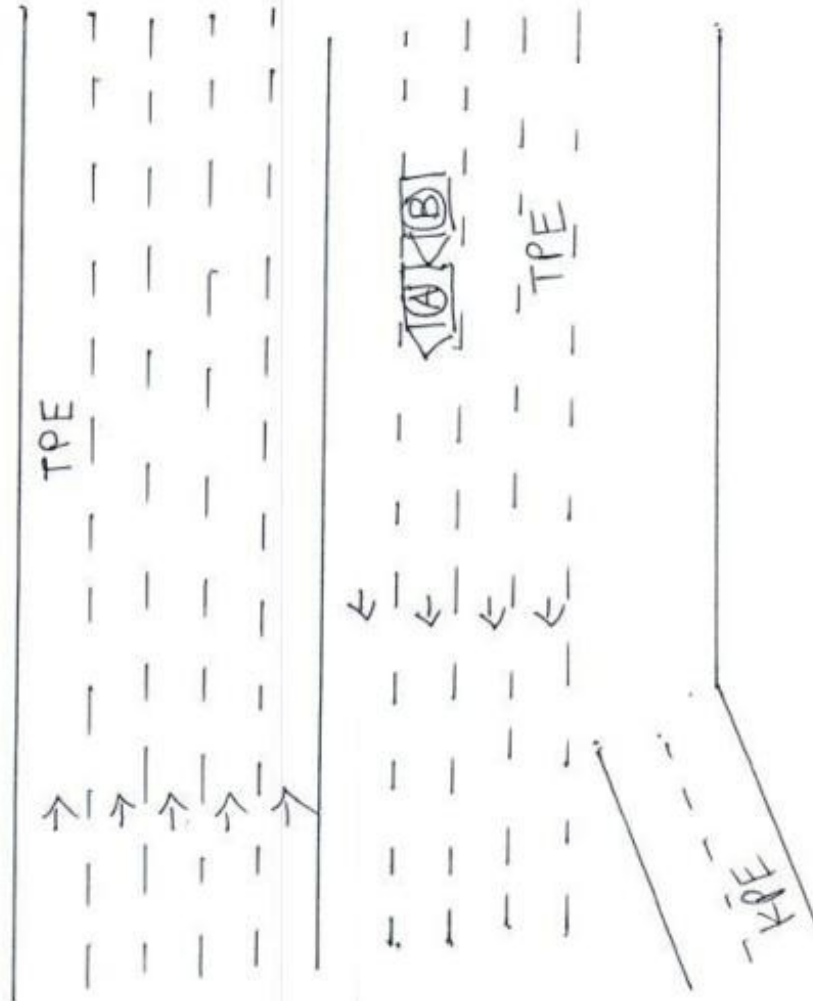
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

22/6/2014
04:40 AM
S3Q5969P

A: J05969P
B: J05590B

#1 HP 97736458



Accident Photo



Accident Photo



Accident Photo



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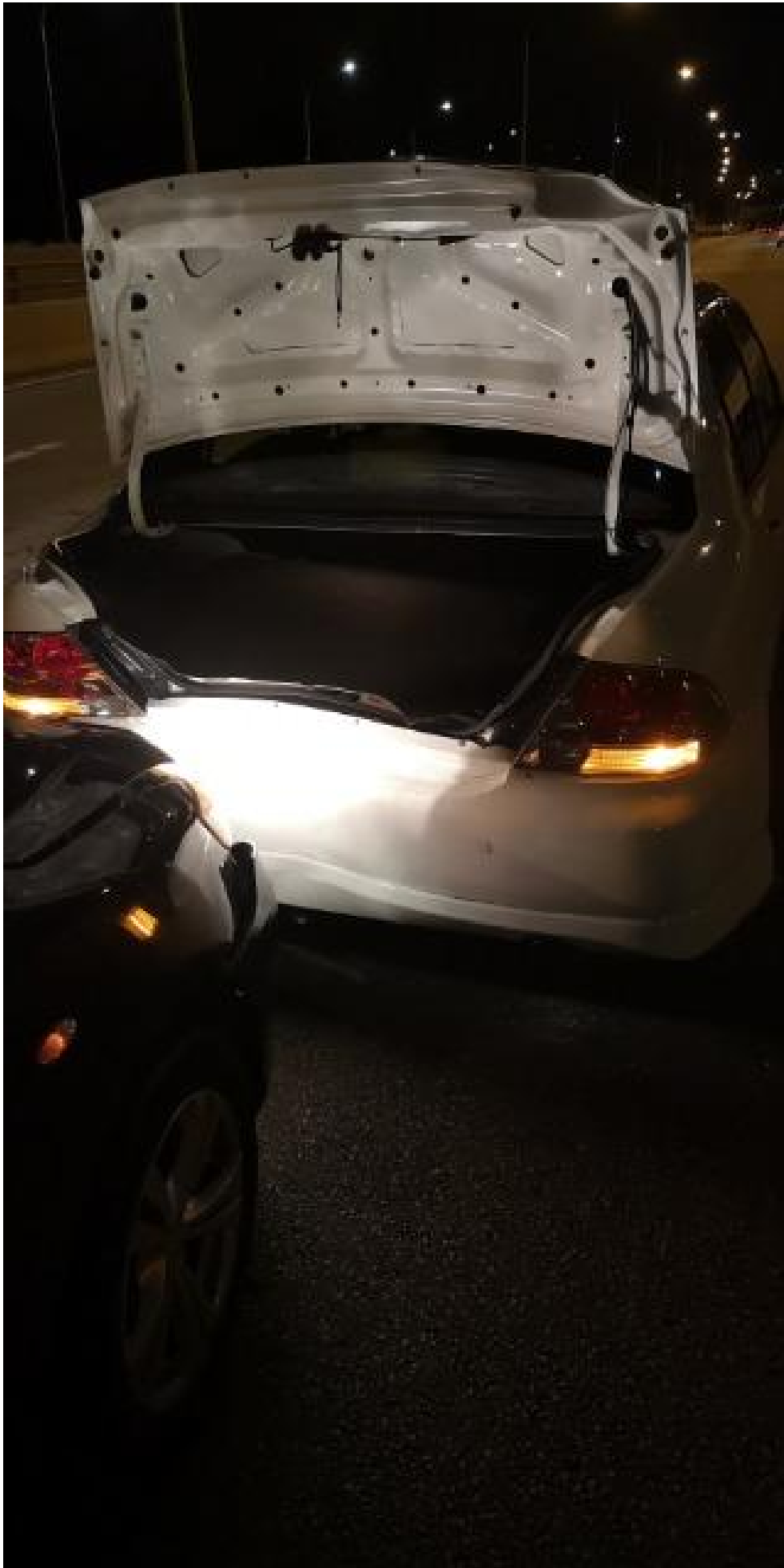
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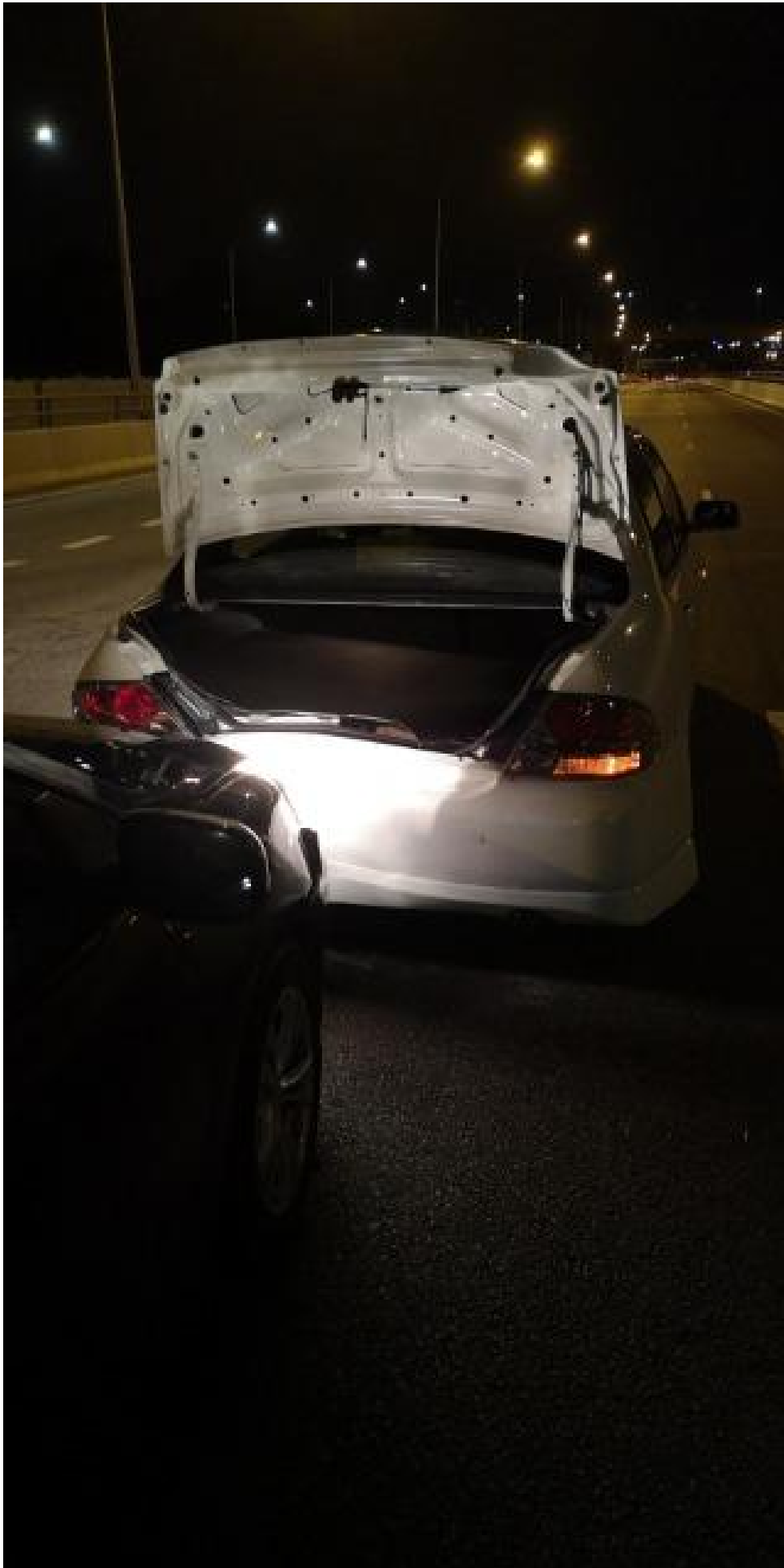
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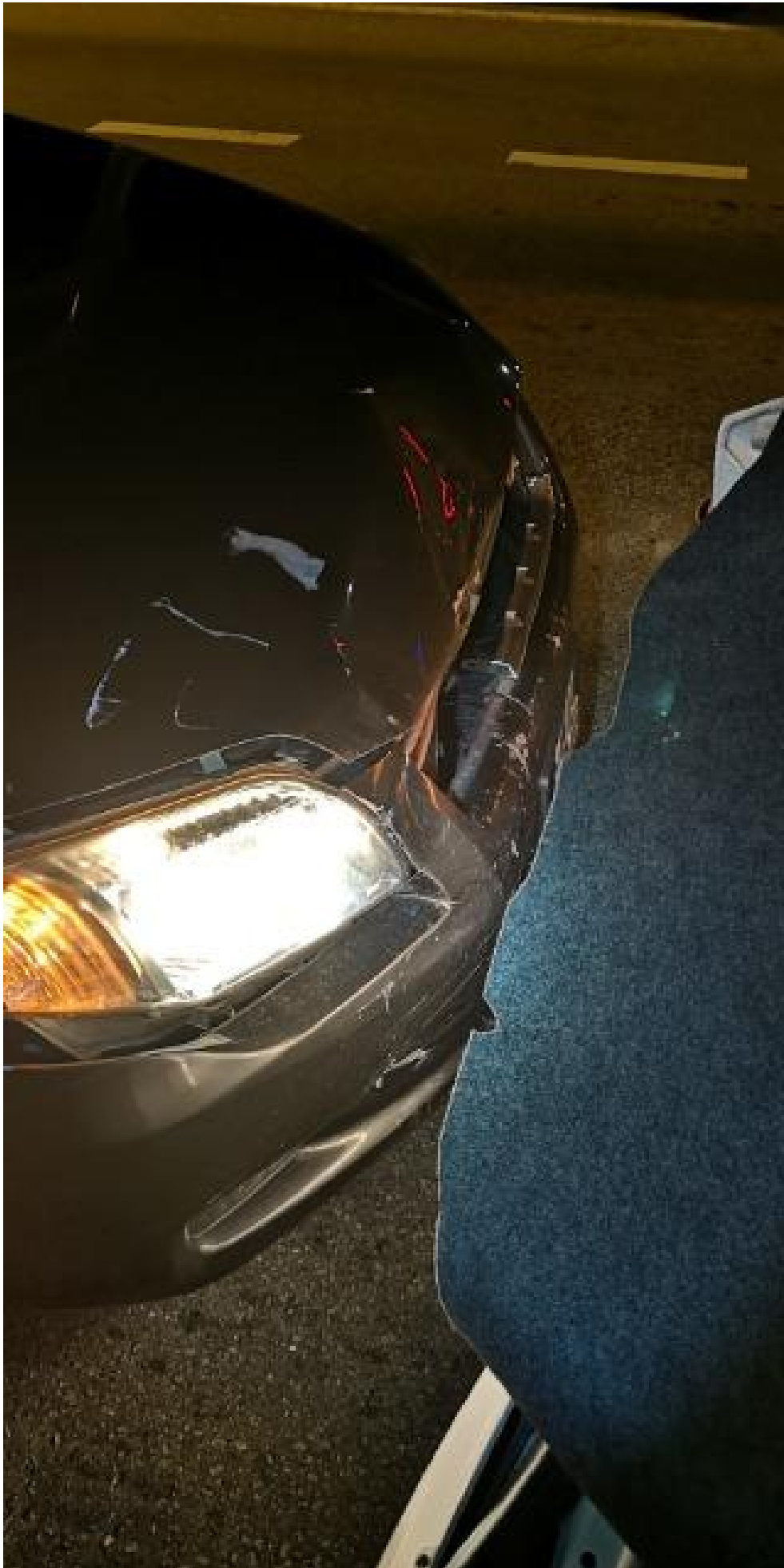
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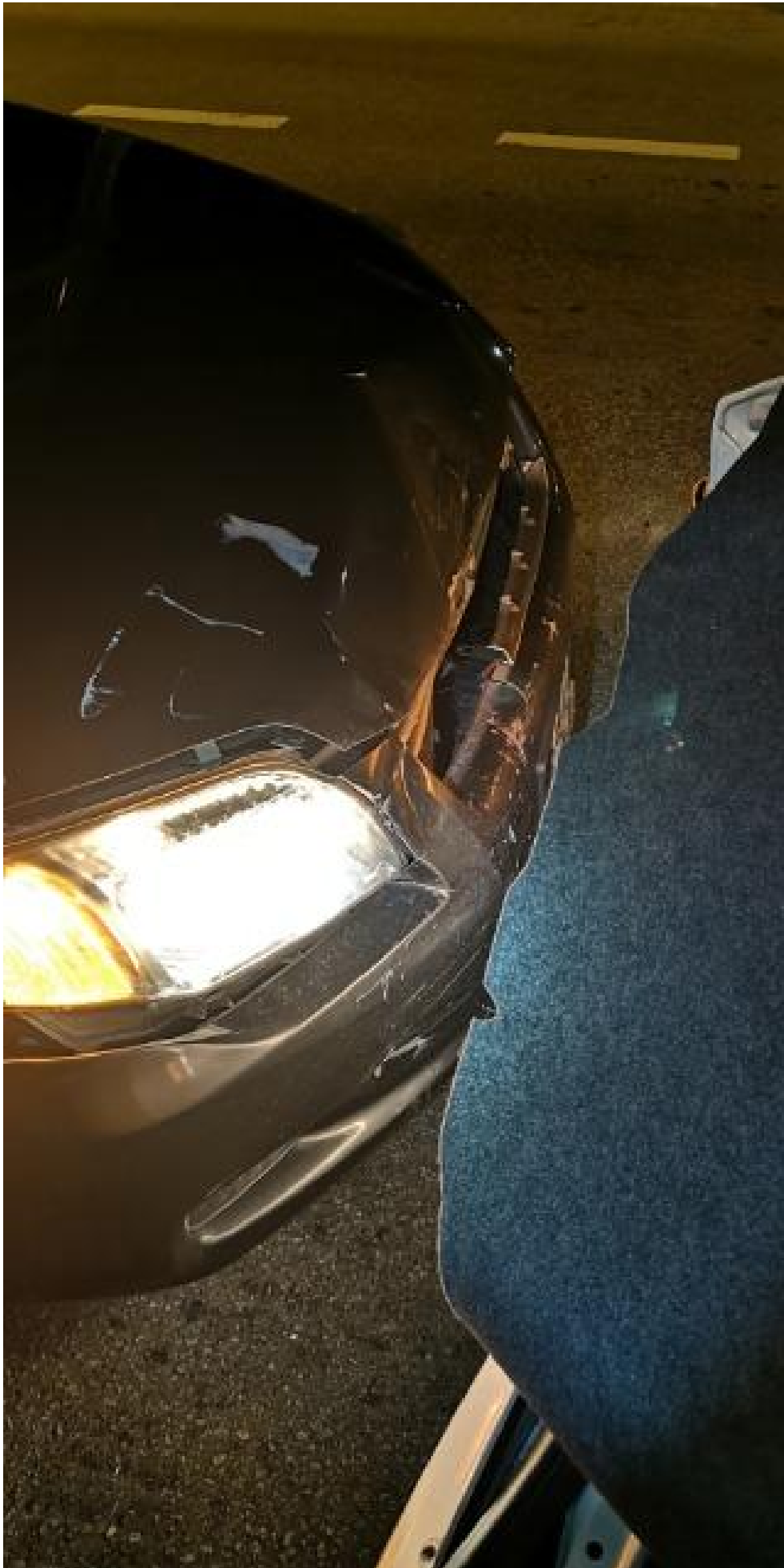
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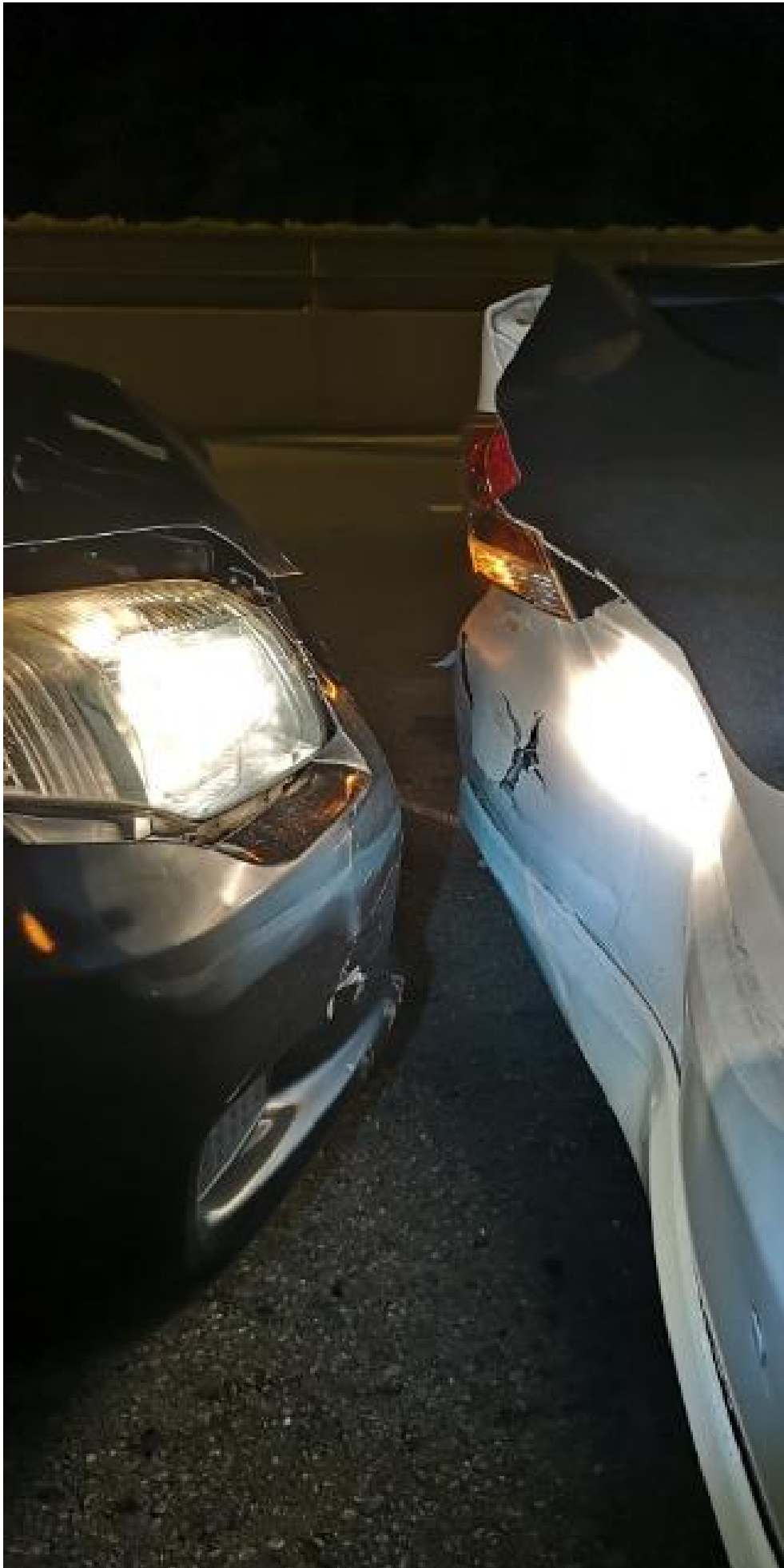
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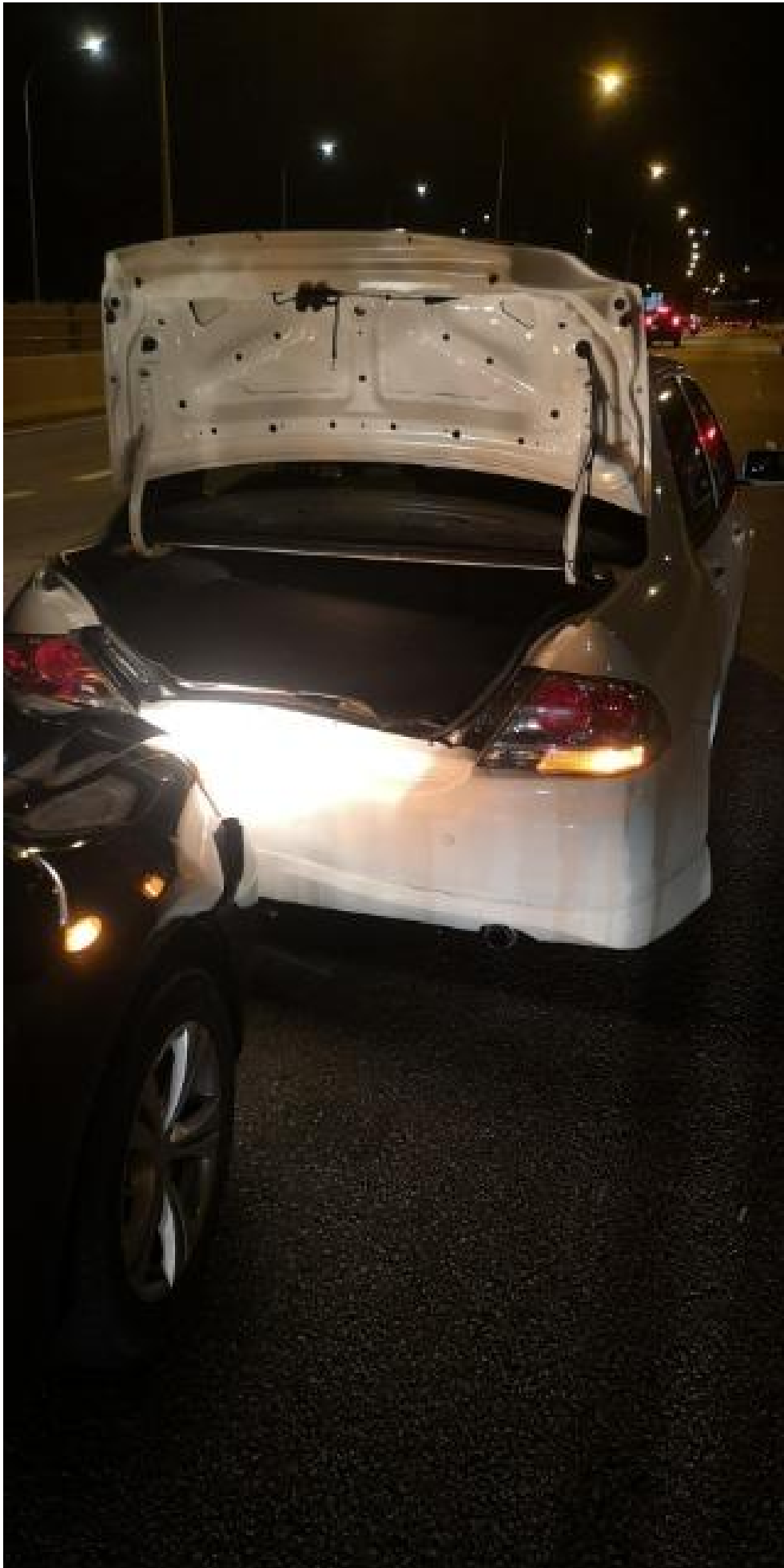
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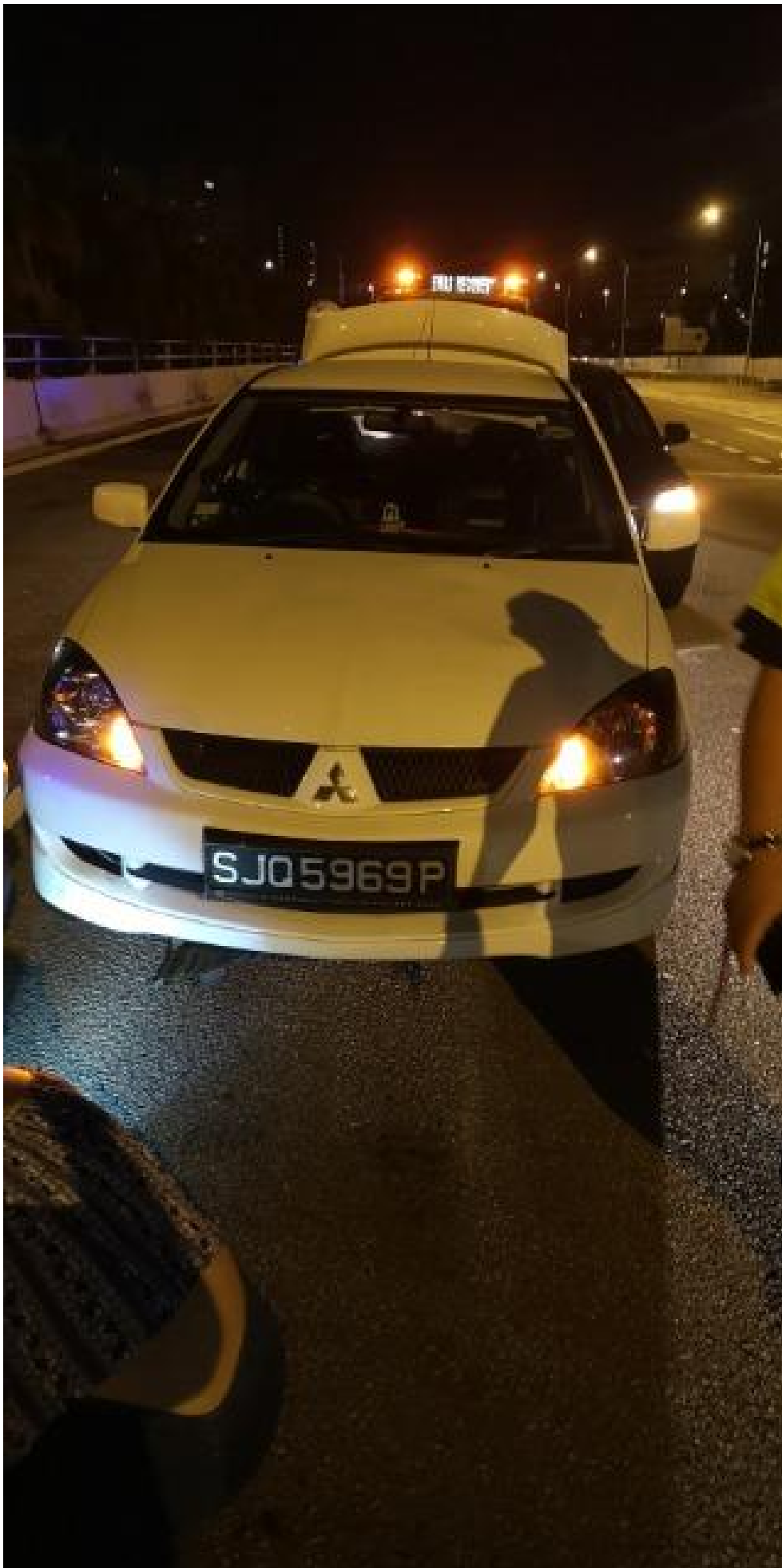
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