

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	29/07/2019 19:20
Date Of Accident	28/07/2019 17:30
Exact Location Of Accident	OUTSIDE KHATIB MRT STATION TWDS YISHUN CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR1173P
Insured/Policyholder	
Name Of Registered Owner	CHOW DAI JIE ADELINE
NRIC No	S9115646F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93827681
Alternative Phone No	OFFICE-93827681

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS G AUTO
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	5108905821
Cover Note Number	

Driver

Name of Driver	CHOW DAI JIE, ADELINE (ZOU DAIJIE)
NRIC No	S9115646F
Date Of Birth	20/04/1991
Occupation	INDOOR
Date Of Driving Pass	17/02/2010
Driving Experience	9 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93827681
Fax Number	
Contact Number	OFFICE-93827681
Email Address	NOEMAIL

Address	BLK 258 KIM KEAT AVENUE #08-24
Postcode	310258
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)	5
Passenger 1	NAME: : LAU CHAI KUAN GENDER: : FEMALE
Passenger 2	NAME: : CHOW HAO YU CLAYTON GENDER: : MALE
Passenger 3	NAME: : CHOW YAO YANG BILLY GENDER: : MALE
Passenger 4	NAME: : LORA LO HOI YEE GENDER: : FEMALE

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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMG2553S
Vehicle Make/Model/Colour	

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 INJURED PERSON 1

Name CHOW DAI JIE, ADELINE (ZOU DAIJIE)

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJR1173P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LAU CHAI KUAN

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJR1173P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name CHOW HAO YU CLAYTON

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJR1173P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name CHOW YAO YANG BILLY

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SJR1173P

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 5

Name	LORA LO HOI YEE
Approximate Age	
Injuries Sustain	NECK & BACK
Injured person in which vehicle?	SJR1173P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

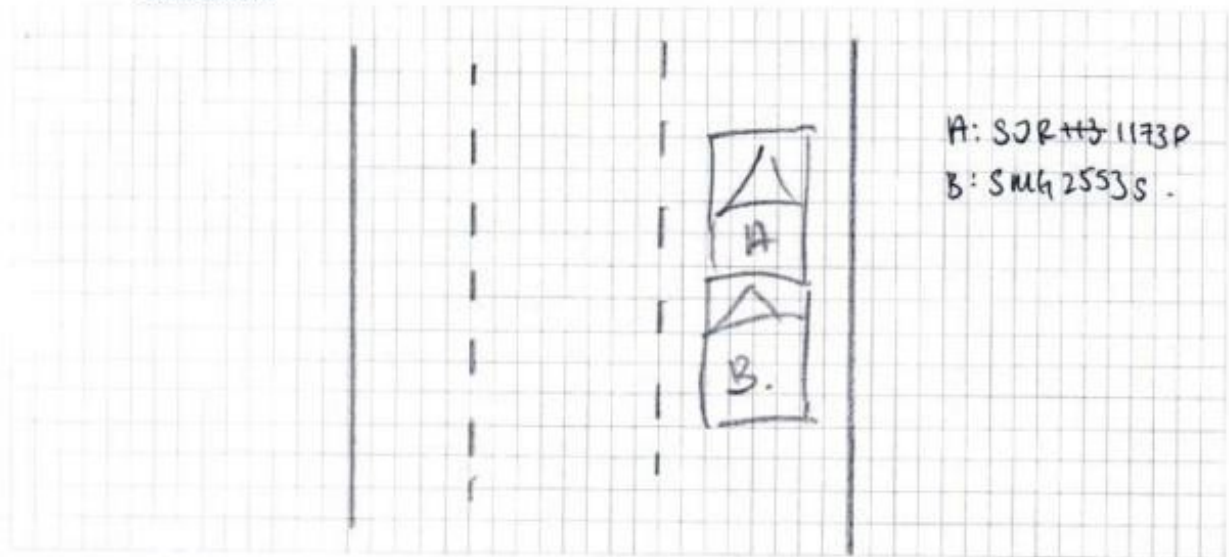

Policy holder's signature
Date / time:


Driver's signature
(If driver is not policy holder)
Date / time:


reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the road outside Khafiz MRT towards Vishnu Central on the most right lane. When the car in front of me stopped, I stopped at a safe distance. While I was stationary and stopped, suddenly I felt an impact from the rear portion of my vehicle.

DECLARATION

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


 Policy holder's signature
 Date & time:


 Driver's signature
 (if driver is not policy holder)
 Date & time:


 reporting centre personnel's Signature
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE - SCORES MANAGEMENT CENTRE
 400 Orchard Road, #12-01 Singapore 238870
 Tel: (65) 5221-4010 Fax: (65) 5221-4011
 Operating Hours: Monday to Friday, 09:00 - 17:00
 URL: www.giaa.org.sg Email: info@giaa.org.sg

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.: MNA119099332 Vehicle Registration No.: SJR1173P
 Name (last, first, middle): chow Dai Jie Adeline NRIC/FIN/Passport No.: S9115646F
 ("Vehicle Driver / Vehicle Owner") (If Please delete as appropriate)
 Address: Blk 258 Kim Keat Avenue #08-24 Singapore (310258)
 Contact (Tel): 93877681 Mobile No.: _____
 Email Address: _____
 Date of Accident: 28/07/19 Time of Accident: 1730
 Place of Accident: outside Khatib MRT Station towards Kishu central
 Insurance Company: _____

(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:

Insurance change to NTUC

Policyholder / Driver's Signature
 Date:

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