

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 | 18/11/2019 09:11 |
| Date Of Accident | 16/11/2019 15:00 |
| Exact Location Of Accident | PIE TWRDS TUAS BEFORE ADAM FLYOVER |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SGF7854S |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN CHOON CHUAH |
| NRIC No | S7020723J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96488381 |
| Alternative Phone No | OTHERS-96488381 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | TOYOTA |
| Model | WISH 1.8 A |
| 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 | 5108738777 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | TAN CHOON CHUAH |
| NRIC No | S7020723J |
| Date Of Birth | 13/06/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/02/1988 |
| Driving Experience | 31 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96488381 |
| Fax Number | |
| Contact Number | OTHERS-96488381 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------------------|
| Address | BLK 206 #04-20 CHOA CHU KANG CENTRAL |
| Postcode | 680206 |
| 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 | 3 |
| 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) | 2 |
| Passenger 1 | NAME: : LYNETTE CHAY |
| | GENDER: : FEMALE |

Details of Police Action

| | |
|---|---|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | HONG KAH NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 370 BUKIT BATOK STREET 31 , POSTCODE: 650370 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5679999 - FAX NO: 65652508 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

AS PER POLICE REPORT No.T/20191116/2134;

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 | SHB3223Z |
| Vehicle Make/Model/Colour | HYUNDAI / I40 1.7 CRDI F/L AT ABS AIRBAG 4DR |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

QX616X

Vehicle Make/Model/Colour

FORD / EVEREST 3.0 TDCI AUTO 5DR 4WD_EXTN

Details Of Properties

Vehicle Category

GOVERNMENT

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

•TAN CHOON CHUAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGF7854S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

•LYNETTE CHAY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGF7854S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Date of Accident : 16.11.2019 Accident Time: 15.00 (24-HR-Format)

Accident Place : PIE Towards Tuas Before Adam flyover

Vehicle No. (Car Plate No.) : SGF 7854S Make/Model:

Insurance Company : MTUC Policy No: 5108738777

Owner or Company Name / IC No. : Tan Choon Chuah (S7020723J)

Owner or Company Contact No. : - Owner's Hp 9648 8381 Company Tel

DRIVER'S Name / IC No. : as above

DRIVER'S Date Of Birth : 13.06.1970 DRIVER'S License Pass Date 12.02.1988

(Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: Owner

DRIVER'S Address : Blk 206 Choa Chu Kang Central #04-20 Singapore 680206

DRIVER'S Contact No./ Alt No. : 1) - 2) -

DRIVER'S Occupation : ~~INDOOR~~ \ OUTDOOR (e.g. working inside or outside office)

Email Address : -

Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET

Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance

Number of Passengers (Including Driver): 1 Driver & 1 passenger

Was there any video Captured by car camera: YES \ NO

(Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose

Any injury (If YES, Pls state): Yes (Neck & Back) Driver & passenger

Vehicle B Other Party Driver's Particular (if any) Vehicle

Vehicle No: SHB 3223Z Vehicle No: QX 616 X

Vehicle Make/Model: Vehicle Make/Model:

Name Driver: Name Driver:

IC No. Driver/Contact: IC No. Driver/Contact:

* NEW - Passenger's name & gender:

Lynette Chay - Female



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)**

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:

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

SKETCH PLAN

A: SGF 7854S
B: SHB 3223Z
C: QX 616X

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

* Refer the attachech Police Report NO : T/2019/1116/2134

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:

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