

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	22/11/2019 16:43
Date Of Accident	21/11/2019 17:50
Exact Location Of Accident	CTE TWRDS SLE(AT BRADELL FLYOVER)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN787K
Insured/Policyholder	
Name Of Registered Owner	CAI ZHONGLING
NRIC No	S8835729I
Email Address	JAVIER1988CAI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81270656
Alternative Phone No	OTHERS-81270656

Vehicle Particulars

Manufacturer	TOYOTA
Model	PREMIO 1.5F A
Exact Purpose for which vehicle was being used at time of accident	WORK
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	5111759799
Cover Note Number	

Driver

Name of Driver	CAI ZHONGLING
NRIC No	S8835729I
Date Of Birth	25/09/1980
Occupation	OUTDOOR
Date Of Driving Pass	26/01/2011
Driving Experience	8 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81270656
Fax Number	
Contact Number	OTHERS-81270656
EEmail Address	JAVIER1988CAI@GMAIL.COM

Address	BLK 890B #10-299 WOODLANDS DRIVE 50 TREETRAIL@WOODLANDS
Postcode	732890
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	4
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

REFER ATTACHED

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	SLX6562L
Vehicle Make/Model/Colour	MITSUBISHI / OUTLANDER 2.0 CVT
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKJ9730J
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Vehicle Make/Model/Colour	B.M.W. / X3 XDRIVE20I ABS 4WD SR HID DSC NAV
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLS6866L
Vehicle Make/Model/Colour	AUDI / A3 SPORTBACK 1.0 TFSI S TRONIC (LED)
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	CAI ZHONGLING
Approximate Age	
Injuries Sustain	BODY PAIN
Injured person in which vehicle?	SMN787K
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 890B #10-299 WOODLANDS DRIVE 50 TREETRAIL@WOODLANDS
Postcode	732890

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to the relevant authorities.
2. The Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful omission, error or mis-statement may lead to a low estimate of compensation or repudiate policy liability.
4. The use and acceptance of this form by the insured implies acceptance of the liability of the policyholder and/or company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers to the GIA Accident Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that a copy of this report will for a fee be made available upon application by interested parties.
7. By the submission of this report to the insurers, you hereby consent to the archiving of this report at the GIAS and to copies of the report being made available interested.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, act knowledge, agree and consent that:

- (a) My insurer, my work/insurer and the General Insurance Association of Singapore ("GIAS") 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 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 or would as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling or dealing with my claims for relevant purposes;
- (b) My Insurers, who have insured vehicle involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for the purpose(s) of the relevant purpose(s) and
- (c) My Insurers, their members, employees, agents, insurers and/or I, to the third party involved provide my Personal Information to the relevant third party, which may be located outside of Singapore and/or outside of the Republic of Singapore.
- (d) My Insurers and my Insurers' lawyers/law firms and I, to the third party involved provide my Personal Information to the relevant third party, which may be located outside of Singapore and/or outside of the Republic of Singapore.
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Insured Party's Name
Date & Time

Insured Party's Address
Insured Party's Phone No.

ADAC KAKI BUKIT (VAC)
22 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vacfb@singnet.sg

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

John C. Fletcher

CONFIDENTIAL

3300 Baker Ave. -
St. Paul, MN 55119
Tel: 612/606-0977 Fax: 612/606-0978
E-mail: info@stgamer.com

Accident Sketch Plan

On 21.11.19 at about 17:50 hours at along CTE towards SLE (At Braddell Flyover). While I was travelling on the lane one and traffic was heavy, my front vehicle slow down and stop hence I follow suit.

Suddenly, I heard a loud bang from behind and the impact forced my vehicle (A) to move forward to hit onto the rear portion of Vehicle (D). When I alighted I realized it was vehicle (B) who hit my rear portion of my vehicle (A) causing damages to my front & rear portion of my vehicle. It was a chain collision of total 4 vehicles involved. I wish to state that I have one passenger inside the vehicle.

Vehicle (A) : SMN787K

Vehicle (B) : SLX6562L

Vehicle (C) : SKJ9730J

Vehicle (D) : SLS6866L

