

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	03/12/2019 11:15
Date Of Accident	02/12/2019 17:10
Exact Location Of Accident	AMK AVE 5 ENTER INTO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN6759C
Insured/Policyholder	
Name Of Registered Owner	ALAN CHONG FOOK SENG
NRIC No	S7179975A
Email Address	ALANANNE2@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81893068
Alternative Phone No	OTHERS-81893068

Vehicle Particulars

Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	PTE HIRE 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	5112107566
Cover Note Number	23/08/19 - 22/08/20

Driver

Name of Driver	ALAN CHONG FOOK SENG
NRIC No	S7179975A
Date Of Birth	16/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/12/2008
Driving Experience	10 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81893068
Fax Number	
Contact Number	
EEmail Address	ALANANNE2@GMAIL.COM

Address	BLK 302 YISHUN CENTRAL #03-111
Postcode	760302
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	RAINING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	
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: : PTE HIRE PASSENGE 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

It was raining and vehicles were slow moving. I followed front vehicles came to a stop when out of sudden an impact came from behind which pushed my car forward and had slight touch onto the rear of car C. There was an accident occurred ahead and I was not sure whether car C had came into contact with his front vehicle. No one was injured at the point of incident.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	EMAIL DIRECT TO NTUC
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GZ5002S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJU
NRIC/Passport Number	F8381616M
Contact Number	81508250
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC4D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver MR. KAMAL
NRIC/Passport Number
Contact Number 90300450
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SMN 6759C

INSURER : NTUC

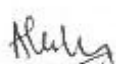
DATE & TIME: 02/12/19 @ 17:10

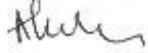
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:


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

 03/12/19
Reporting Centre Personnel's Signature
Name: (YS)
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

	<p>A: SMN 6759 C B: GZ 5002 S Raju F 8381616 M HP - 8150 8250 C: SHC 4 D Mr. Kamal HP - 90300450</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>It was raining and vehicles were slow moving. I followed the front vehicles came to a stop when out of sudden an impact came from behind which pushed my car forward and had slight touch onto the rear of car C. There was an accident occurred ahead and I was not sure whether car C had come into contact with his front vehicle. No one was injured at the point of incident.</p>	
<p>Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.</p>	

DECLARATION

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

<p> Policyholder's Signature Date & Time:</p>	<p> Driver's Signature (If driver is not the policyholder) Date & Time:</p>	<p> Reporting Centre/Personnel's Signature Name: (Ys) NRIC/FIN No.:</p>
<p>GARMC SketchPlanForm V3 <input type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Claim OD/TP at other workshop ()</p>		

DECAL



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





