

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	30/12/2019 14:12
Date Of Accident	29/12/2019 19:55
Exact Location Of Accident	PIE TOWARDS TUAS (NEAR TOA PAYOH SAFRA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EY8515M
Insured/Policyholder	
Name Of Registered Owner	SHIH CHI LAI
NRIC No	SXXXX141J
Email Address	SAMSONSHIH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96877252
Alternative Phone No	OTHERS-98003876

Vehicle Particulars

Manufacturer	RENAULT
Model	FLUENCE
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	REPORTING ONLY
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	5106636350
Cover Note Number	

Driver

Name of Driver	SHIH SHAN YAO, SAMSON
NRIC No	SXXXX326F
Date Of Birth	08/06/1990
Occupation	INDOOR
Date Of Driving Pass	06/09/2011
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96877252
Fax Number	
Contact Number	OTHERS-98003876
E-Mail Address	SAMSONSHIH@HOTMAIL.COM

Address	10 LAKEPOINT DRIVE #10-60
Postcode	648927
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
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)	3
Passenger 1	NAME: : SHIH CHI LAI GENDER: : MALE
Passenger 2	NAME: : CHEE BEE CHOON 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

PLEASE REFER TO SKETCH PLAN

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	SFN311H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PNG SIAW KAH
NRIC/Passport Number	SXXXX693J
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Sketch Plan

SKETCH PLAN

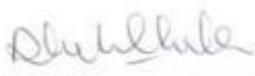
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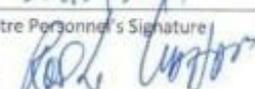
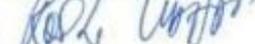
8. Consent under the Personal Data Protection Act (PDPA)

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 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.

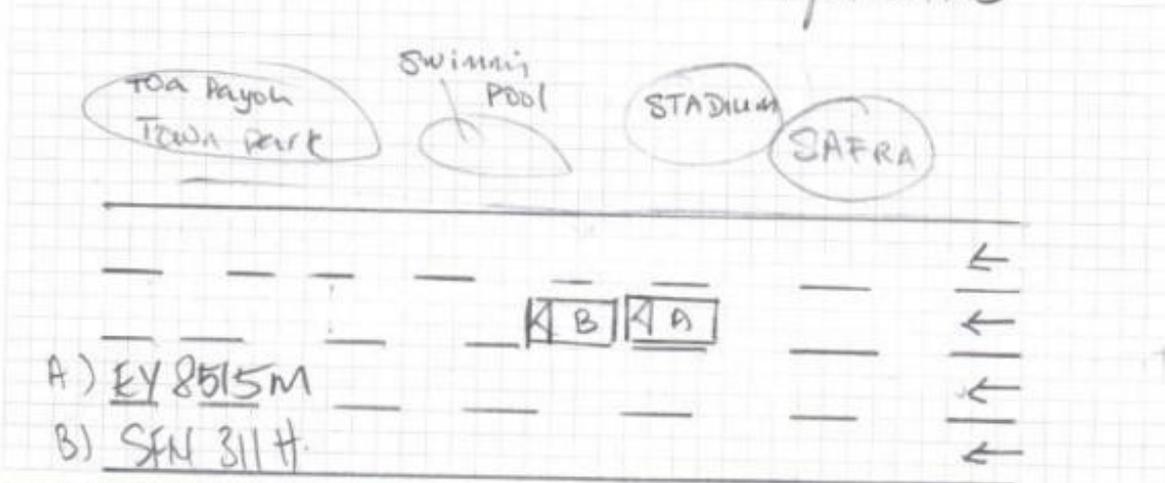

Policyholder's Signature
Date & Time: 30/12/2019
12:15 PM


Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/12/2019
12:15


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

Sketch Plan #2

SKETCH PLAN PIE TOWARDS TUAS (NEAR TOA PAYOH SAFRA)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29 Dec 2019 at about 7:54 pm, the driver, Samson Shih Shan Yao (son of the policy holder) incurred an accident into the back of the car in front, which stop suddenly to avoid collision with a vehicle in front of the car.

The accident occur on the PIE, in the direction towards Tuas, near to the Toa Payoh SAFRA. There are 3 persons in the car, namely, Samson Shih Shan Yao (the driver), Shih Chi Lai (policy holder's father of samson) and Julie Chee (Samson's mother). There were no injury suffered.

Both car suffer minor damage, the front car has its rear bumper dented, the driver car suffer minor damage to its front bumper and number plate.

The details of the cars involved in the accident:

- (A) Driver Car - EY8515M, (Renault Fluence)
 - Driver name: Samson Shih Shan Yao (S9020326F)
 - Side passenger: Shih Chi Lai (S1176141J)
 - Rear Passenger: Julie Chee Bee Chan (S1505754C)
- (B) Front Car - SFN 311H (BMW 120 Coupe)
 - Drive Name: Png Siaw Kan (S1740693J)
 - No other Passenger

DECLARATION

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

Shih Chi Lai

Policyholder's Signature
Date & Time: 30/12/2019

12:15 PM

Samson Shih Shan Yao

Driver's Signature
(If driver is not the policyholder)
Date & Time: 30/12/2019

12:15 PM

[Signature]
31/12/2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

