

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 05/02/2020 09:42
 Date Of Accident 04/02/2020 18:15
 Exact Location Of Accident KPE TUNNEL TOWARDS TAMPINES
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMR1419X
Insured/Policyholder
 Name Of Registered Owner CAI GUOYUAN
 NRIC No SXXXX790G
 Email Address CAIGUOYUAN@GMAIL.COM
 Mobile Phone No (LOCAL) +65-87168389
 Alternative Phone No Others-87168389

Vehicle Particulars

Manufacturer TOYOTA
 Model ESQUIRE-1.8 HYBRID 7-SEATER GI CVT (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 5115009058 (PRE)
 Cover Note Number 20/12/2019 - 19/12/2020

Driver

Name of Driver CAI GUOYUAN
 NRIC No SXXXX790G
 Date Of Birth 29/07/1988
 Occupation INDOOR
 Date Of Driving Pass 25/09/2019
 Driving Experience 0 YEAR AND 4 MONTH
 Gender MALE
 Mobile Number (LOCAL) +65-87168389

Fax Number	
Contact Number	OTHERS-87168389
EEmail Address	CAIGUOYUAN@GMAIL.COM
Address	BLK 206B COMPASSVALE LANE #10-95
Postcode	542206
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)	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

MY VEHICLE WAS TRAVELLING ON THE SECOND RIGHT LANE OF KPE TUNNEL TOWARDS TAMPINES. VEHICLES INFRONT OF ME STOPPED. I ALSO STOPPED ON TIME. VEHICLE B UNABLE TO STOP AND HIT ONTO MY VEHICLE.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WILL UPLOAD INTO SERVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ2296Z
Vehicle Make/Model/Colour	VAN
Details Of Properties	FRONT RIGHT PORTION
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	XUE JUNLEI
NRIC/Passport Number	SXXXX983H
Contact Number	86878538
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

CAI GUOYUAN

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

SMR1419X

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 206B COMPASSVALE LANE #10-95

Postcode

542206

Sketch Plan

NTUC Income Motor Service Centre

Vehicle No:

Report Date: 5/2/2020 Start Time: 9:50 AM

Report No: MT/

D.O.A: / /

Make / Model:

Reporting Type:

End Time: / /

SKETCH PLAN**IMPORTANT NOTICE**

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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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



5/2/2020 9:50

 Policyholder's Signature
Date & Time:

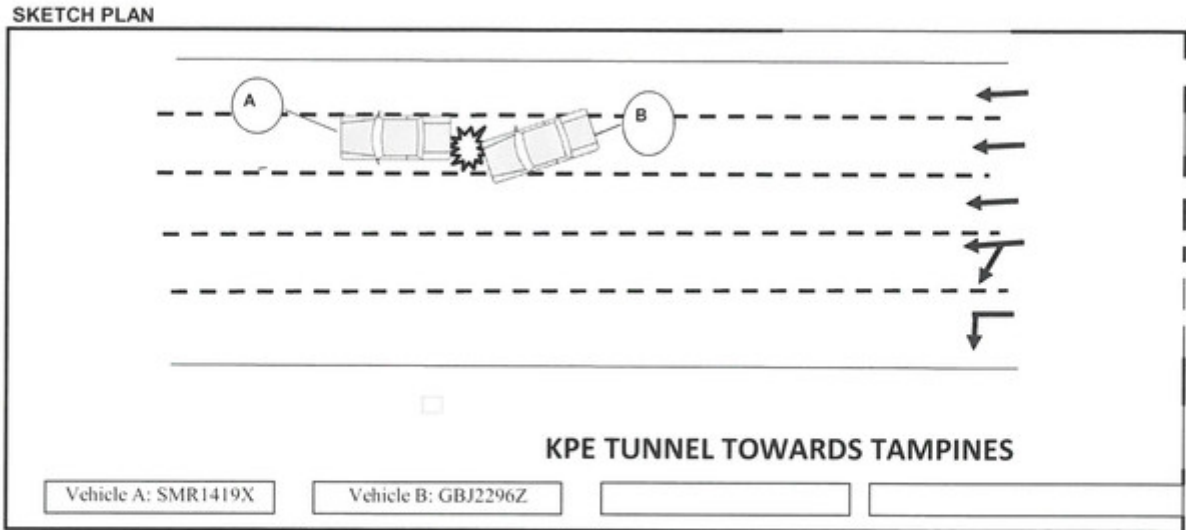
5/2/2020 9:50

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



 Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/ Fin No: S990765

SKETCH PLAN



KPE TUNNEL TOWARDS TAMPINES


Vehicle A: SMR1419X

Vehicle B: GBJ2296Z

MY VEHICLE WAS TRAVELLING ON THE SECOND RIGHT LANE OF KPE TUNNEL TOWARDS TAMPINES. VEHICLES INFRONT OF ME STOPPED. I ALSO STOPPED ON TIME. VEHICLE B UNABLE TO STOP AND HIT ONTO MY VEHICLE.

DECLARATION


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



5/2/2020 9:50

Policyholder's Signature


Date & Time:



5/2/2020 9:50

Driver's Signature (If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

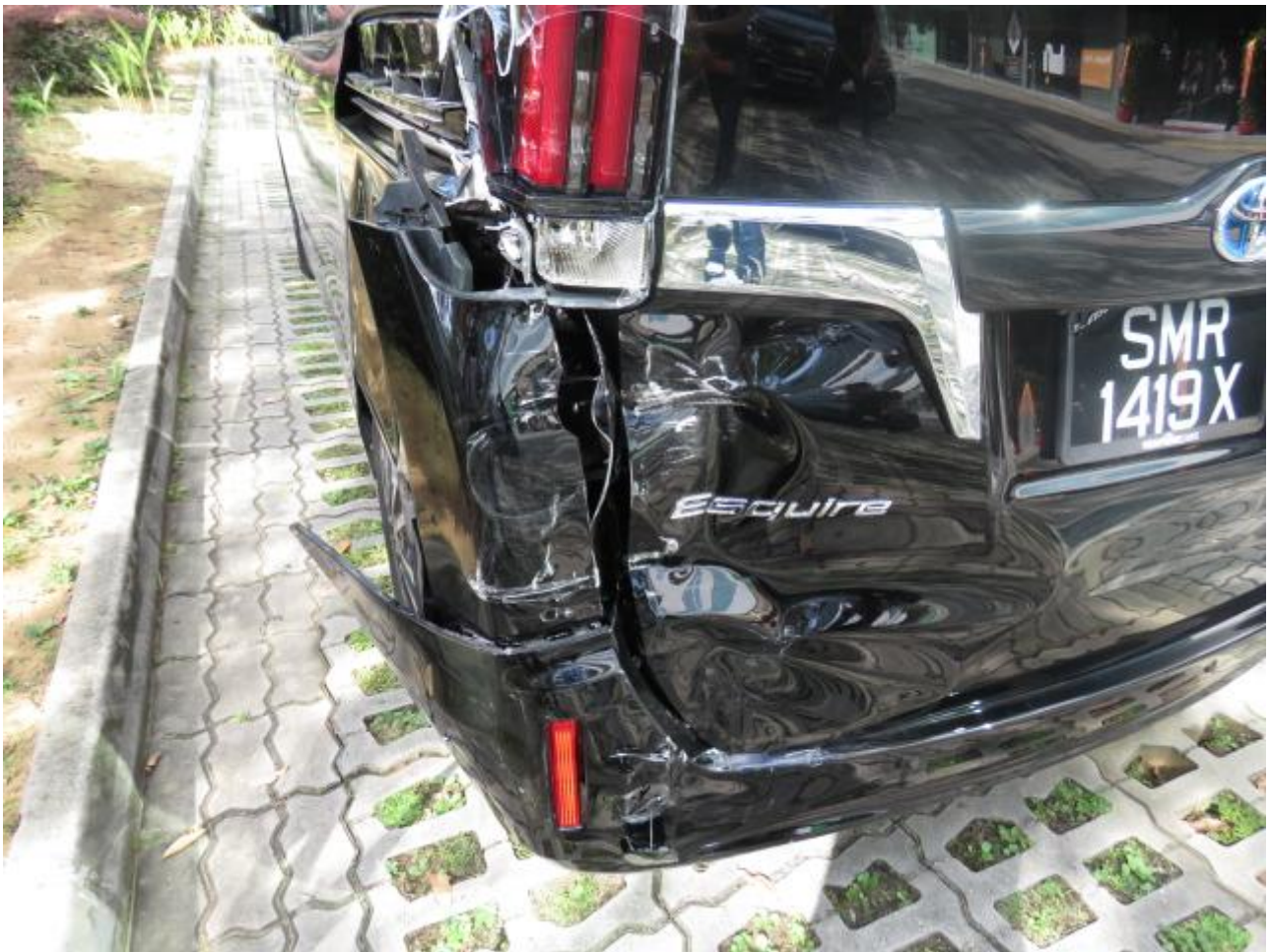
Name: Chen JunLiang

NRIC/ Fin No: S990765

Accident Photo



Accident Photo



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