

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	04/08/2020 11:57
Date Of Accident	04/08/2020 07:30
Exact Location Of Accident	BKE TOWARDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ6986J
Insured/Policyholder	
Name Of Registered Owner	TONG BOON TAI (TONG WENTAI)
NRIC No	SXXXX368E
Email Address	TBOONTAI@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98455606
Alternative Phone No	OTHERS-98455606

Vehicle Particulars

Manufacturer	HONDA
Model	HRV 1.5 DX CVT
Exact Purpose for which vehicle was being used at time of accident	PTE 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	5117866873
Cover Note Number	19/07/20 - 18/07/21

Driver

Name of Driver	TONG BOON TAI (TONG WENTAI)
NRIC No	SXXXX368E
Date Of Birth	09/05/1972
Occupation	INDOOR
Date Of Driving Pass	14/06/1995
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98455606
Fax Number	
Contact Number	OTHERS-98455606
Email Address	TBOONTAI@YAHOO.COM.SG

Address	BLK 588C MONTREAL DRIVE #12-94 MONTREAL SPRING
Postcode	753588
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	4
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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

SKK6226M suddenly brake & I follow to stop. Next moment a huge impact pushes my vehicle forward. Upon alight, I realised was involved in chain collision of 4 vehicles. No one injured.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL6818M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH ZHI HONG (ZHUO ZHIHONG)
NRIC/Passport Number	SXXXX083H
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKK6226M
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver G. NISHMEN NATH NAIR
NRIC/Passport Number SXXXX029G
Contact Number 97619044
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number UNKNOWN
Vehicle Make/Model/Colour (YELLOW)
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)

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SLG6986J
INSURER : NTUC
DATE & TIME: 4/8/20 7:30pm

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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:

(YS) mg 4/8/20
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

BKE to PIE
 Lamp Post No 70*
 A: SLQ 6986J
 B: SLL 6818M
 Toh Zh: Hong (Zhao Zh: Hong)
 59024083H
 Hp: -
 C: SKK 6226M
 G: Nishmen Nath: Hair
 59444027G
 Hp: 97619044
 D: Taxi (Yellow)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT




Ins: NTUC Veh No: SLQ6986J DOB: 4/8/20 7:30am

SKK6226M suddenly brake & I follow to stop. Next moment a
huge impact pushes my vehicle forward. Upon alight, I realised was
involved in chain colliding of 4 vehicles. No one injured.

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.

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.: _____
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