

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	06/08/2020 15:23
Date Of Accident	06/08/2020 13:30
Exact Location Of Accident	CTE TOWARDS CITY (BEFORE EXIT 2)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW818U
Insured/Policyholder	
Name Of Registered Owner	CLIFTON LIANG WEI RONG
NRIC No	SXXXX129E
Email Address	CLIFTONLIANG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91185929
Alternative Phone No	OFFICE-91185929

Vehicle Particulars

Manufacturer	MINI
Model	COOPER S
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?	YES
If No, Please state action to be taken	
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	5109302468
Cover Note Number	

Driver

Name of Driver	CLIFTON LIANG WEI RONG
NRIC No	SXXXX129E
Date Of Birth	27/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	29/11/2017
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91185929
Fax Number	
Contact Number	OFFICE-91185929
Email Address	CLIFTONLIANG@GMAIL.COM

Address	BLK 35 JALAN RUMAH TINGGI #21-499
Postcode	150035
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	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

PLEASE REFER TO SKETCH PLAN (PREFERRED WORKSHOP IS XIN YUN AUTO PRIVATE LIMITED)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR7640T
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JAMES CHEONG SIONG PEAK (ZHONG SONGBI)
NRIC/Passport Number	SXXXX161J
Contact Number	96834747
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

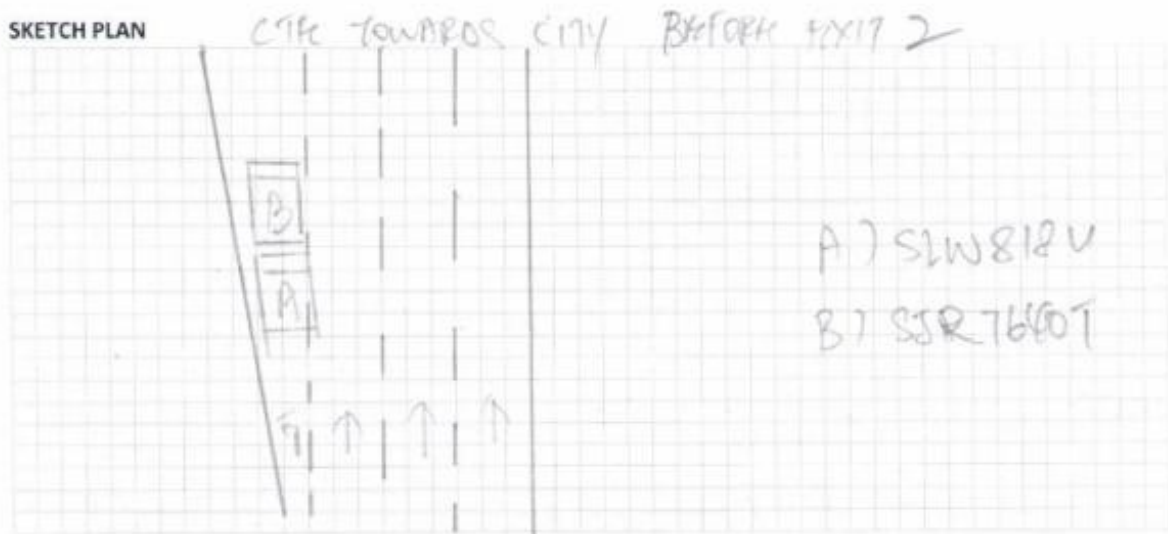
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along CTE towards exit 2, proceeding to exit via Merchant Road. As a driver, I ~~acted~~ ensured safety distance and was following the car in front of me at a safe and reasonable pace. All of a sudden, the vehicle in front of me jam his brakes immediately. I hit and jam my brakes ^{at the} fastest reaction time I could.

Before the accident and impact, I did not see any cars/vehicles cutting into his lane or significantly slowing down.

Driver of SJR 7640 T James Cheong claims that the vehicle in front of him jam their brakes too.

My dashcam shows his vehicle slowing down, which I adhered to and kept a safe distance. I do not see any reason for him to come to a sudden and full stop in the middle of an expressway. In my ~~opinion~~ opinion, this is reckless if there is no reason for him to do so, and causing a danger to other vehicles and lives instead.

Please do investigate his claims against me as I suspect this is a fraudulent accident if there is no evidence to refute his claims of coming to a full stop in the middle of the expressway.

DECLARATION

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

Policyholder's Signature

Date & Time: 05/08/2020

15:43

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Xin Yun Auto Private Limited
幸运汽车服务有限公司

Yi Xin 張艺馨

Mobile : 9839 1555

Email: xinyunauto1@gmail.com

All Car Related Matter:

- Vehicle Repair and Servicing
- S'pore / Malaysia Accident Claim
- Panel Beating, Spray & Painting
- Car Insurance / General Insurance
- Rental / Import & Export / Scrap Cars



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@ Kaki Bukit Singapore 415875 Tel / Fax: 6634 0858

Accident Photo



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