

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 28/08/2020 14:50
Date Of Accident 27/08/2020 19:55
Exact Location Of Accident CENTRAL EXPRESSWAY
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ76L
Insured/Policyholder
Name Of Registered Owner CHANG CHEE HENG, TERRY (ZHANG QIHENG, TERRY)
NRIC No SXXXX198Z
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-81256606
Alternative Phone No OTHERS-81256606

Vehicle Particulars

Manufacturer TOYOTA
Model HARRIER
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 5109918448-01 (CLASSIC)
Cover Note Number

Driver

Name of Driver CHANG CHEE HENG, TERRY (ZHANG QIHENG, TERRY)
NRIC No SXXXX198Z
Date Of Birth 25/10/1983
Occupation INDOOR
Date Of Driving Pass 07/07/2012
Driving Experience 8 YEARS AND 1 MONTH
Gender MALE
Mobile Number (LOCAL) +65-81256606
Fax Number
Contact Number OTHERS-81256606
EMail Address NOEMAIL

Address BLK 231 #06-50 SERANGOON AVENUE 3
 Postcode 550231
 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 DRIZZLING
 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? YES
 Was any injured conveyed to hospital by ambulance? YES
 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? YES
 If Yes, Please state which Police Station
 Police Station Name SERANGOON NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 50 SERANGOON AVE 2 #01-02 , POSTCODE: 556129 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-4880999 - FAX NO: 64883561
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER POLICE REPORT (ATTENDED BY: JAMES NG)

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: CANNOT BE UPLOADED
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJX9133X
 Vehicle Make/Model/Colour MIT OUTLANDER / NAVY BLUE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver JEROLD TAY
 NRIC/Passport Number SXXXX761E
 Contact Number 96487273
 Address
 Postcode
 Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

LORRY

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CONSTRUCTION WORKERS IN LORRY

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

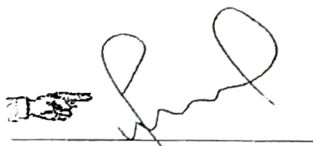
SKETCH PLAN

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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:

20 AUG 2020


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

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vacbb@singnet.com.sg

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

SKETCH PLAN

...CTE TOWARD AYE

A: SGZ 76L

B: SJX9133X

C: Lorry



Lane 4

Lane 3

Lane 2

Lane 1

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police report.

DECLARATION

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

Policyholder's Signature
Date & Time:

28 AUG 2020

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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