

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	30/10/2020 11:27
Date Of Accident	30/10/2020 08:20
Exact Location Of Accident	PIE TOWARDS KPE (ECP)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR532U
Insured/Policyholder	
Name Of Registered Owner	TCH LIMO
Co Reg No	5XXXX810K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96705761

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
Exact Purpose for which vehicle was being used at time of accident	IN TRANSIT
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092790250-03 DC
Cover Note Number	28/07/2020 - 27/07/2021

Driver

Name of Driver	TOH CHOON HOCK
NRIC No	SXXXX386B
Date Of Birth	20/08/1964
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1984
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96705761
Fax Number	
Contact Number	
Email Address	TOHCHOONHOCK@HOTMAIL.COM

Address	BLK 248 BUSHAN ST 22 #06-362
Postcode	570248
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	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	3
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GRAB PASSENGER 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

UNKNOWN VEHICLE STOPPED INFRONT, I FOLLOW TOO. A MOMENT LATER, FELT AN IMPACT AND REALISED MOTOR TAXI SHA4023H HAD CAME FROM THE BACK AND HIT ONTO THE REAR PORTION OF MY STOPPED CAR. UPON ALIGHTING, I THEN REALISED I WAS INVOLVED IN A 3 CAR CHAIN COLLISION. (MOTOR CAR SKJ2833S WAS BEHIND OF SHA4023H.) * MY PASSENGER (ON BOARD)'S SPECTACLES WAS BROKEN AS A RESULT OF THE IMPACT. (P/S : I FELT DISCOMFORT DUE TO THE ACCIDENT IMPACT AND WILL SEEK FOR MEDICAL TREATMENT LATER ON.)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA4023H
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOH KOK WAH
NRIC/Passport Number	SXXXX377G
Contact Number	96776365
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKJ2833S
Vehicle Make/Model/Colour MERCEDES BENZ C180
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver EVON TOH AI LEE
NRIC/Passport Number SXXXX277J
Contact Number 97393815
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

1. VEHICLE NO.: SLR 5324
2. INSURER CO: NTAAC
3. ACCIDENT
DATE & TIME: 30/10/2020 @ 0820

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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: Dinyan (Amk)
NRIC/FIN No. 30/10/2020

Sketch Plan #2

SKETCH PLAN

A: SLR532U
(w/ 1 grab female passenger)

B: SHA 4023H

C: SKJ 28335

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SLR532U (NTUC)

Date & Time: 30/10/2020 @ 0820 (clear day)

Unknown vehicle stopped in front, i follow too. A moment later, felt an impact and realised motor taxi SHA 4023H had come from the back and hit onto the rear portion of my stopped car. Upon alighting, i then realised i was involved in a 3 car chain collision. (Motor car SKJ 28335 was behind of SHA 4023H).

* my passenger (on board)'s spectacles was broken as a result of the impact.

(P/S: I felt discomfort due to the accident impact and will seek for medical treatment later on.)

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: (AMK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()