

# 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 Submission ..... 25/01/2021 13:22 (SGT)  
Date of Accident ..... 22/01/2021 17:40 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... TPE TWRDS JALA KAYU(AFTER PUNGGOL ROAD EXIT 9)  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SGU2594X

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... KU CHI FA  
Company Reg No ..... SXXXX836D  
Email Address ..... chifaku@gmail.com  
Mobile Phone No ..... (Phone) +65-82682635  
Alternative Phone No ..... +65-82682635

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... TOYOTA / ISIS 1.8 A  
Variant ..... -  
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 - Claiming third party  
Vehicle Category ..... Private car

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5020810632-13  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... KU CHI FA  
Company Reg No ..... SXXXX836D  
Date Of Birth ..... 13/01/1967  
Occupation ..... Indoor

Date Of Driving Pass .....	07/04/2007
Driving experience .....	13 YEARS AND 9 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-82682635
Alt. Phone Number .....	+65-82682635
Email Address .....	chifaku@gmail.com
Address .....	5 RIVERVALE CRESCENT #07-05 RIVERVALE CREST
Address complement .....	-
Postcode .....	545084
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Chain Collision
Weather Conditions .....	AFTER RAIN
Road Surface .....	Wet

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	5
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER ATTACHED;

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GT2211G
Vehicle Manufacturer .....	Toyota
Vehicle Model .....	TOYOTA / TOYOACE 3.0 MANUAL
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-

Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SFK8766S
Vehicle Manufacturer .....	Chevrolet
Vehicle Model .....	CHEVROLET / CRUZE NB 1.4D 6AT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number .....	SJY4366T
Vehicle Manufacturer .....	Honda
Vehicle Model .....	HONDA / CIVIC 1.6 VTI CVT
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number .....	SKE7373X
Vehicle Manufacturer .....	Nissan
Vehicle Model .....	NISSAN / MURANO 2.5 CVT ABS D/AB 2WD 5DR GAS/D SR
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

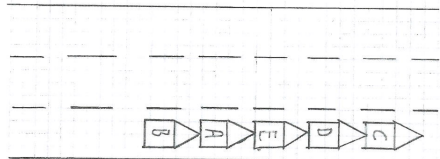
**IDAC KAKI BUKIT (VAC)**  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: vackb@vicom.com.sg

*Chif Ku*  
Policyholder's Signature / Date & Time

*Chif Ku*  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel  
**25 JAN 2021**

**Sketch Plan**



- A) SGU 2594X
- B) GT 2211G
- C) SFL 8766S
- D) SJY 4366T
- E) SKE 7373X

**Describe Circumstances of the Accident**

On 22.01.2021 at about 5.40 pm, I was travelling along TPE Towards  
 Jalan Kayu (After Ponggol Road Exit 9). The front vehicle slow down and  
 stopped. I follow. Suddenly I felt an impact from my rear and my car move  
 forward and hit the front vehicle. I was involved in a 5 vehicles chain  
 collision.

**Declaration**

We declare the foregoing particulars are true in every respect.

Chit Ku  
 Policyholder's Signature / Date &  
 Time

Chit Ku  
 Driver's Signature (If driver is not the policyholder) / Date  
 & Time

IDAC KAKI BUKIT (VAC)  
 23 Kaki Bukit Ave 4 #02-02  
 Singapore 415933  
 Tel: 67416697 Fax: 67492305  
 Email: vac@vicom.com.sg

Witnessed by Reporting Centre  
 Personnel

25 JAN 2021





