

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	05/02/2021 17:20 (SGT)
Date of Accident	04/02/2021 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	KPE TWRDS ECP(AT ESCAPE DOOR P48K)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBP1400P
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	KOH BOON KWANG, ROBERT
NRIC No	SXXXX624Z
Email Address	kohrob2012@gmail.com
Mobile Phone No	(Phone) +65-96843239
Alternative Phone No	+65-96843239

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / WISH 1.8 A
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5113690408-01
Cover Note Number	-

DRIVER

Name of Driver	KOH BOON KWANG, ROBERT
NRIC No	SXXXX624Z
Date Of Birth	04/02/1953
Occupation	Outdoor



Date Of Driving Pass	19/08/1976
Driving experience	44 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96843239
Alt. Phone Number	+65-96843239
Email Address	kohrob2012@gmail.com
Address	14 EUNOS CRESCENT #16-2811
Address complement	-
Postcode	400014
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	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	GRAB PASSENGER
Gender	Male

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?	No
Was there any video captured by Car Camera?	Yes
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMW2528G
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / SIENTA STANDARD (AUTO)
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 2

Vehicle Registration Number	SMK3442B
Vehicle Manufacturer	Hyundai
Vehicle Model	HYUNDAI / AD AVANTE 1.6 GLS (A) S
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' 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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415033
Tel: 67416647 Fax: 67492305
Email: ia@idac.com.sg



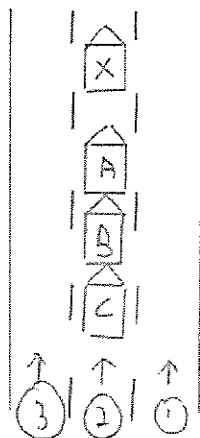
Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel 05 FEB 2021

Sketch Plan



A = SBP 1400P

B = SMW 2528G

C = SMK 3442B

KPE towards ECP (at Escape

Door PARK)


Describe Circumstances of the Accident

Refer to attached

Declaration

We declare the foregoing particulars are true in every respect

EMC FALLBURN (VAC)
2700 Fallburn Ave. #400
Vancouver, BC V6L 2G3
Tel: 604-271-1100
Fax: 604-271-1101



Policyholder's Signature / Date & Time



Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

05 FEB 2021

On 04.02.2021 at about 18:45 hours along KPE towards ECP (at Escape Door P48K). I was travelling straight on lane 2 and when the front vehicle slowed down and stopped, hence I followed suit.

Suddenly, I heard two loud bangs and felt the impacts from behind. When I alighted, I realised it was vehicle (B) that collided onto the rear portion of my vehicle (A). It was a chain collision of total of 3 vehicles involved.

I wish to state that I have 1 passenger inside my vehicle (A).

Vehicle (A): SBP 1400P

Vehicle (B): SMW 2528G

Vehicle (C): SMK 3442B

