

# 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 .....	03/04/2021 17:04 (SGT)
Date of Accident .....	03/04/2021 12:30 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	LAVENDER STREET
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SKW6586K
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KALAIVANAN KALAVER
NRIC No .....	SXXXX437A
Email Address .....	kalaver@yahoo.com.sg
Mobile Phone No .....	(Phone) +65-96998096
Alternative Phone No .....	+65-96998096

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	TL TUCSON 2.0 GLS AT 2WD SR (EPB)
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
Transmission .....	Auto
CC .....	1999

### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	5118262173
Cover Note Number .....	17/7/20-16/7/21

### DRIVER

Name of Driver .....	KALAIVANAN KALAVER
NRIC No .....	SXXXX437A

Date Of Birth .....	19/07/1960
Occupation .....	Indoor
Date Of Driving Pass .....	01/06/1990
Driving experience .....	30 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-96998096
Alt. Phone Number .....	+65-96998096
Email Address .....	kalaver@yahoo.com.sg
Address .....	BLK 286 YISHUN AVE 6 #05-90
Address complement .....	-
Postcode .....	760286
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 .....	4
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

ACCIDENT OCCURED ON THE 3RD LANE ALONG LAVENDER ST. M/LORRY(D) AHEAD OF ME SLOWED DOWN AND CAME TO A STOP AND I FOLLOW LIKEWISE. OUT OF SUDDENN I FELT A GREAT IMPACT ON MY REAR AND THE IMPACT PUSHES MY CAR FORWARD AND HIT ONTO THE REAR OF M/LORRY(D). I CAME DOWN AND REALIZED I AM INVOLVED IN A CHAIN ACCIDENT-TOTAL 4 VEHICLES INCLUDING MINE. I WAS ALONE AT POINT OF TIME. NO INJURIES ON ANYONE.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	DIRECT EMAIL TO NTUC
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLN8341Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	SIM KWANG SENG

NRIC No .....	SXXXX353A
Contact Number .....	(Phone) +65-83102489
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 .....	GBH2101M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIAU JUN JIE
NRIC No .....	SXXXX757B
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 .....	YP5428L
Vehicle Manufacturer .....	-
Vehicle Model .....	-
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) .....	-

**SKETCH PLAN**

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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.
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.

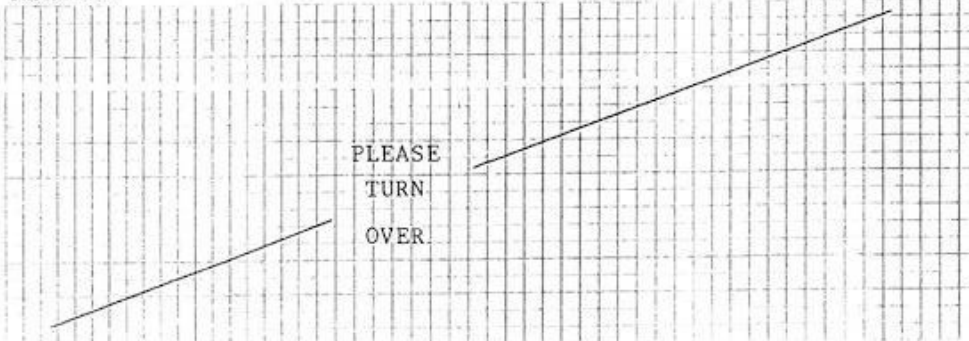
1. VEHICLE NO.: SKW 6586 K  
2. INSURER CO.: NMC  
3. ACCIDENT DATE & TIME: 3/4/21  
@ 12.30pm

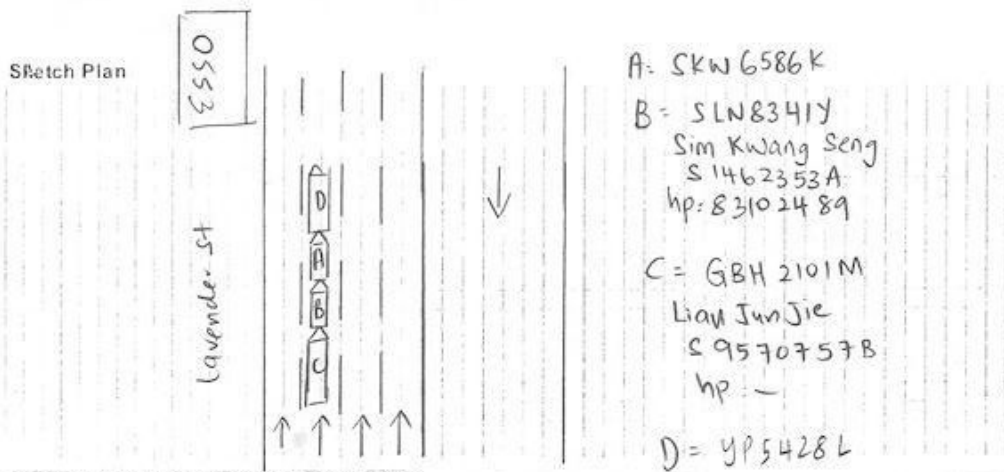
[Signature]  
Policyholder's Signature / Date & Time

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

[Signature] 3/4/21  
Witnessed by Reporting Centre Personnel (45)

**Sketch Plan**





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred on the 3<sup>rd</sup> lane along Lavender St - m/lorry (D) ahead of me slowed down and came to a stop and I follow likewise. Out of sudden, I felt a great impact on my rear and the impact pushes my car forward and hit onto the rear of m/lorry (D).

I came down and realized I am involved in a chain accident - total 4 vehicles including mine.

I was alone at point of time. No injuries on anyone.

Note: Please note that your insurer may have 14 days 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: *Sheela* (45)  
NRIC/FIN No.:

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