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 witholding 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.

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 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 01/07/2021 16:56 (SGT) Date of Accident 01/07/2021 11:00 (SGT) Exact Location of Accident Near CTE, Singapore Additional Location Information CTE SOUTHBOND TOWARD CITY, NEAR ANG MO KIO AVE 1 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SMK9843M

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner TAN BOON KWONG NRIC No. SXXXX477J Email Address TANBK@YAHOO.COM.SG Mobile Phone No (Phone) +65-96162556 Alternative Phone No +65-96162556

VEHICLE PARTICULARS

Manufacturer

Model Q3 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 1395

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5112727728-01 Cover Note Number

DRIVER

Name of Driver TAN BOON KWONG NRIC No. SXXXX477J

Date Of Birth 31/03/1969 Occupation Outdoor Date Of Driving Pass 13/05/1993 Driving experience 28 YEARS AND 2 MONTHS Gender Mobile Number (Phone) +65-96162556 Alt. Phone Number +65-96162556 Email Address TANBK@YAHOO.COM.SG Address 50 PUNGGOL WALK A TRESURE TROVE #11-03 Address complement Postcode 828830 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 Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I WAS DRIVING ON CTE AT 11AM TOWARD CITY (SOUTHWARD BOUNA). THE TRAFFIC CONDITION WAS HEAVY AT THE CTE LOCATION NEAR ANG MO KIO AVE 1 EXIT. AS I WAS DRIVING ON THE 2ND RIGHT LANE AT AROUND 60KM/H. THE CAR IN FRONT AT MY CAR SUDDENLY BRAKED, WHICH FORCED ME TO BRAKE SUDDENLY. MY CAR WAS STATIONARY WHEN I FELT A BANG. AT THIS MOMENT, I REALISED MY CAR WAS KNOCKED BY THE CAR BEHIND MY CAR. THE CAR THAT KNOCKED MY VEHICLE AS ASLO HIT BY A THIRD BEHIND HIM. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKT6001Y Vehicle Manufacturer Vehicle Model 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	GBK3196S
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

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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. The 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.
- 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)

Lunderstand, 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.

Policy Noter's Signature / Date &

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

Witnessed by Reporting Centre Personnel Tory Fores

Sketch Plan



	From I was divinue on ME of How toward the Continued
L	Grownstances of the Accident 9-00 I was driving on CTE at 11 am toward city (southward owna). The traffic andition was heavy at the CTE location near Ang Mo Icro Ave I exit. Ac I was driving on the 2nd right lane at around bo kingle cav in front of my car suddenly braked, which forced we to braice suddenly too. My ar was stationery when I felt a bang. At this moment, I realised my car was knocked by the car behind my car. The car that knocked my vehicle was also hit by a third car behind him.
K	And We wanted to all I exit
_	AVIG MU 1610 FIVE 1 EXTL.
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11	e can in front of my car supposently braised, which torced he to
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-	third car behind him.
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Declaration

We declare the foregoing particulars are true in every respect.

电1545

Policyholder's Signature / Date &

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

PREMINE OF THE PROPERTY OF THE

Witnessed by Reporting Centre Personnel Tony Found









































