

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 17/08/2021 11:27 (SGT)
Date of Accident 16/08/2021 08:40 (SGT)
Exact Location of Accident KJE, Singapore
Additional Location Information KJE TOWARDS PIE AFTER CCK WEST FLYOVER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMU9226S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG LILIN (HUANG LILIN)
NRIC No S7616511D
Email Address jacngll@yahoo.com
Mobile Phone No (Phone) +65-93899533
Alternative Phone No +65-93899533

VEHICLE PARTICULARS

Manufacturer Honda
Model Shuttle
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5118655936
Cover Note Number 5118655936

DRIVER

Name of Driver NG LILIN (HUANG LILIN)
NRIC No S7616511D

Date Of Birth	08/06/1976
Occupation	Indoor
Date Of Driving Pass	17/07/1998
Driving experience	23 YEARS AND 1 MONTH
Gender	Female
Mobile Number	(Phone) +65-93899533
Alt. Phone Number	+65-93899533
Email Address	jacngll@yahoo.com
Address	APT BLK 876 WOODLANDS AVE 9
Address complement	#10-264
Postcode	730876
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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

ON 16/08/21 @ ARD 0840 HRS , I WAS TRAVELLING ALONG KJE TOWARDS PIE. JUST AFTER CHUA CHU KANG WEST EXIT , DUE TO HEAVY TRAFFIC , THE CAR INFRONT OF MINE SLOWED DOWN THUS I FOLLOWED SUIT AND SLOWED DOWN MY VEHICLE . SUDDENLY , I FELT AND STRONG IMPACT FROM THE REAR OF MY VEHICLE. THE IMPACT WAS SO STRONG THAT PUSHES MY CAR FORWARD AND COLLIDED INTO THE CAR INFRONT. I EXITED MY VEHICLE AND REALISED IT WAS A COLLISION OF 3 VEHICLES.

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	KIV
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGM1635K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car

Name of Driver	SO SIU CHAN
NRIC No	S2645877C
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	SLD5088D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	RUDY HERMAN BIN SUDIRMAN
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	NG LILIN (HUANG LILIN)
Gender	Female
Phone No	(Phone) +65-93899533
Address	BLK 876 WOODLANDS AVE 9
Address Complement	#10-264
Post Code	730876
Approximate Age Years Old	45
Injuries Sustained	NECK AND BACK
Injured person in which vehicle?	SMU9226S
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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:

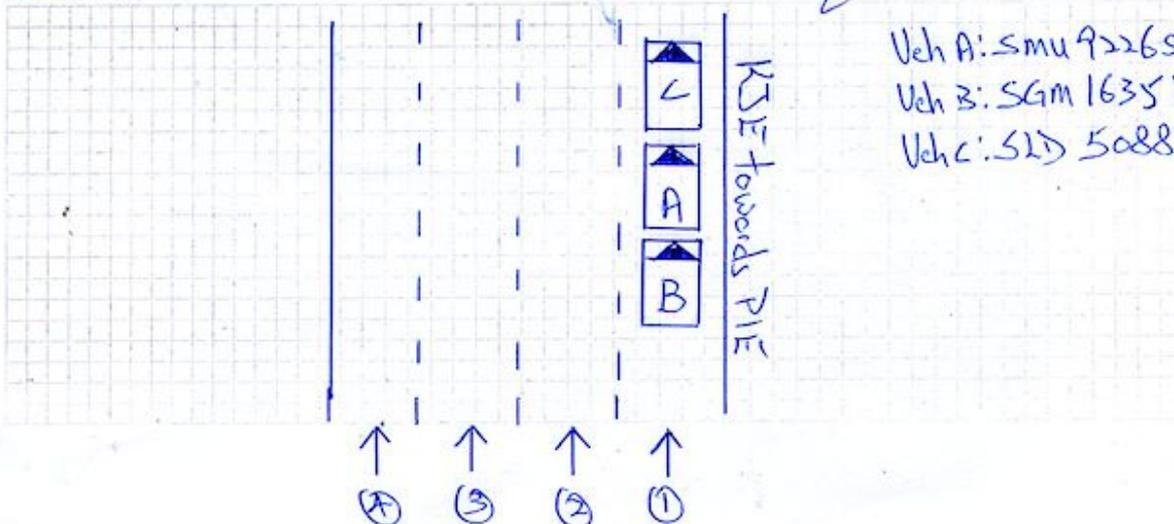
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On 16/8/21 @ erd 0840hrs, I was travelling along KJK towards PIK. Just after Chua Chu Kang West exit, due to heavy traffic, the car in front of mine slowed down thus I followed suit and slowed down my vehicle. Suddenly, I felt an strong impact from the rear of my vehicle. The impact was so strong that pushes my car forward and collided into the car in front. I exited my vehicle and realised it was a collision of 3 vehicles.

Please Tick

- Claim OP/TP at Su Brothers
- Claim OP/TP at Other Workshop
- Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Name of Workshop : Massive Trading & Auto
 Email Address : massivetrade@gmail.com

 Policyholder's Signature / Date & Time

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

 Witnessed by Reporting Centre Personnel











