

# 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 ..... 14/09/2021 13:53 (SGT)  
Date of Accident ..... 14/09/2021 10:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIE EXIT INTO JALAN EUNOS SLIP ROAD  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLM3721Y  
INSURED/POLICYHOLDER  
Is company? ..... No  
Name Of Registered Owner ..... CHUA SIONG TECK  
NRIC No ..... S0068640I  
Email Address ..... STCHUA43@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-96363010  
Alternative Phone No ..... +65-96363010

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
Variant ..... ALTIS  
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 ..... 1600

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5116650657-01  
Cover Note Number ..... 28/03/2021 - 27/03/2022

### DRIVER

Name of Driver ..... CHUA SIONG TECK  
NRIC No ..... S0068640I

Date Of Birth	26/10/1950
Occupation	Indoor
Date Of Driving Pass	18/01/1973
Driving experience	48 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96363010
Alt. Phone Number	+65-96363010
Email Address	STCHUA43@GMAIL.COM
Address	43 RIVERINA VIEW
Address complement	-
Postcode	518392
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle 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	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 TO SKETCH PLAN

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	FILE SIZE TOO LARGE
Was there any audio recorded?	No

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number	SJL7684Z
Vehicle Manufacturer	Honda
Vehicle Model	Stream
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	ROSE MINAH BINTI KASSIM
Contact Number	(Phone) +65-90478224
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

Name: Esther Motor Services (pvt) Ltd Vehicle No: SKL 3321 Y Report Date: 14/9/2021 Start Time: 1:38 PM  
 Report No: M1 DOA: 14/9/21 Make/Model: THALES Reporting Type: TP End Time: \_\_\_\_\_

**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 be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 be 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;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulatory, law enforcement and government agencies as reasonable required for the purposes stated; or
  - (ii) for complying with requirements under any regulations, law or court orders.



14/9/2021 13:38

Policyholder's Signature  
Date & Time:

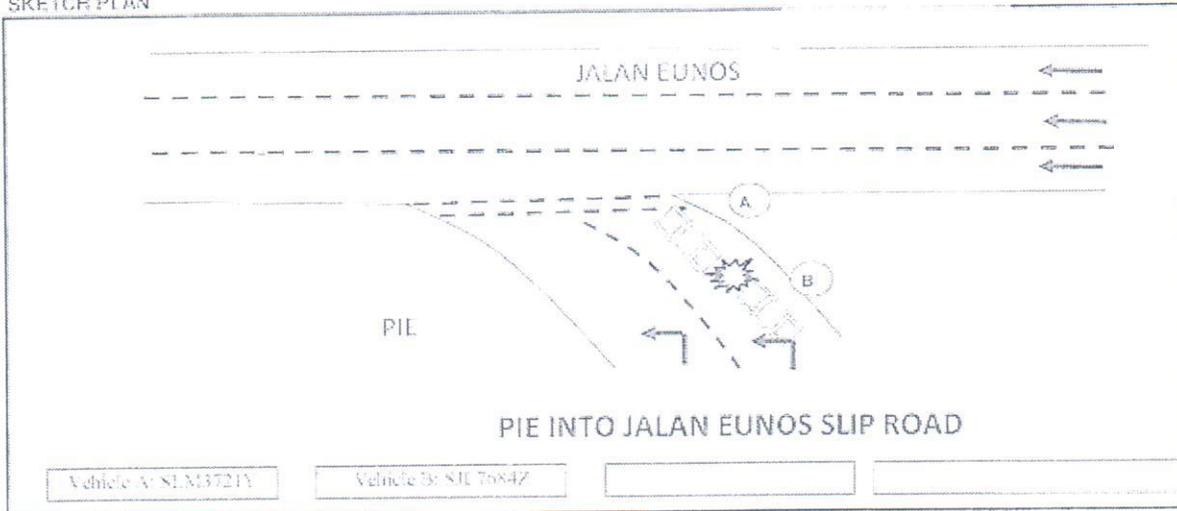


14/9/2021 13:38

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

Reporting Centre Personnel's Signature  
Name: Chen Jun Liang  
NRIC/ Fin No: S990760

SKETCH PLAN



MY VEHICLE WAS STOPPED STATIONARY BEFORE THE GIVE WAY LINE OF PIE INTO JALAN EUNOS SLIP ROAD. I WAS LOOKING ONTO THE MAIN TRAFFIC ALONG JALAN EUNOS. SUDDENLY, I FELT AN IMPACT FROM MY VEHICLE REAR PORTION AND VEHICLE B HIT THE ONTO MY VEHICLE. DUE TO THE IMPACT, MY VEHICLE WAS PUSHED FORWARD (PASS THE GIVE WAY LINE). NO ONE WAS INJURED.

DECLARATION

We declare the foregoing particulars are true in every respect.

13/9/2021 14:38

Police Officer's Signature  
Date & Time:

14/9/2021 14:38

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

Reporting Centre Personnel's Signature  
Name: Chen Jun Tang  
NRIC/PIN No: S660756