



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	05/01/2022 16:43 (SGT)
Date of Accident	05/01/2022 12:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG JLN BAHAR
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7580M
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	WONG CHOI YUEN
NRIC No	S6922381H
Email Address	AUTOHUB325@GMAIL.COM
Mobile Phone No	(Phone) +65-98774394
Alternative Phone No	(Home) +65-98774394

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Sienta
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 hire
Transmission	Auto
CC	0

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5124054981
Cover Note Number	-

DRIVER

Name of Driver	WONG CHOI YUEN
NRIC No	S6922381H



Date Of Birth	15/06/1969
Occupation	Outdoor
Date Of Driving Pass	03/09/1996
Driving experience	25 YEARS AND 4 MONTHS
Gender	Female
Mobile Number	(Phone) +65-98774394
Alt. Phone Number	(Home) +65-98774394
Email Address	AUTOHUB325@GMAIL.COM
Address	BLK 272D JURONG WEST ST 24 #06-22
Address complement	-
Postcode	644272
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	5
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)	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 ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHF237H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi

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	SLM8371R
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 3

Vehicle Registration Number	SDX1730X
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 4

Vehicle Registration Number	GBG24X
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

Fill in and complete correctly the details of the accident to speed up the claims process.

This Form must be completed by the Policyholder and/or the Authorized Driver.

Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may result in consequences to renewal of policy liability.

The insured acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance company.

This report may be referred to the Police for investigation.

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.

By the submission 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 in a disk as aforesaid.

Consent under the Personal Data Protection Act (PDPA)

I hereby acknowledge, agree and consent that

the insurers, my working and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and transfer my personal data/personal information set out in this form and any other personal information provided by me or provided 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 referred to as the "Insurers"), the Insurers' lawyers/law firms, the Ministry Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

administering, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the accident;

conducting the accident and/or my claims;

administering and/or dealing with my instructions or responding to any enquiries by me;

administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve the use of my personal data about me to bring about delivery of the same as well as on the external cover of envelopes/emails).

Doing with applicable law in administering, processing, handling and/or dealing with my claims.

For the "Purposes";

any insurers 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

any 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.

A

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SHUYI

Insurer's Signature / Date &

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A-SLC7580M

B-SHF23714

C-SLM8371R

D-SDX1730X

E-G1G24X

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1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Jalan Bahar

Describe Circumstances of the Accident

on 5th January 12.30 PM, I was travelling at
Jalan Bahar. Suddenly the vehicle in front stop.
I stop. Then The vehicle behind hit on the rear
of my car.

Declaration

I hereby declare the foregoing particulars are true in every respect.

X A
Policyholder's Signature / Date &
Time

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

SHUYI

Witnessed by Reporting Centre
Personnel