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	23/02/2022 10:19 (SGT)
Date of Accident	23/02/2022 08:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	YIO CHU KANG TOWARDS SLE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1252Z

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	TEO WEI SHENG,SHAWN
NRIC No	S9235793G
Email Address	SHAWNTWS1892@GMAIL.COM
Mobile Phone No	(Phone) +65-92280320
Alternative Phone No	+65-92280320

VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Qashqai
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	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123178008
Cover Note Number	04/08/2021 - 19/10/2022

DRIVER

Name of Driver	TEO WEI SHENG,SHAWN
NRIC No	S9235793G

Date Of Birth	08/10/1992
Occupation	Indoor
Date Of Driving Pass	18/07/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92280320
Alt. Phone Number	+65-92280320
Email Address	SHAWNTWS1992@GMAIL.COM
Address	BLK 506 HOUGANG AVE 8 #12-582
Address complement	-
Postcode	530506
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MABEL LONG SI LING
Gender	Female

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?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF208M
Vehicle Manufacturer	Fiat
Vehicle Model	Doblo
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Commercial vehicle

Name of Driver	NEOL CHIEW SING MENG
NRIC No	S2690474I
Contact Number	(Phone) +65-98411305
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT AND REAR PORTIONS
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLH1527G
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private hire
Name of Driver	PEH BOON HUA
NRIC No	S6921837G
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	FRONT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	TEO WEI SHENG,SHAWN
Gender	Male
Phone No	(Phone) +65-92280320
Address	BLK 506 HOUGANG AVE 8 #12-682
Address Complement	-
Post Code	530506
Approximate Age Years Old	-
Injuries Sustained	NECK
Injured person in which vehicle?	SMA1252Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	MABEL LONG SI LING
Gender	Female
Phone No	(Phone) +65-98523977
Address	BLK 506 HOUGANG AVE 8 #12-682
Address Complement	-
Post Code	530506
Approximate Age Years Old	-
Injuries Sustained	BACK, KNEE
Injured person in which vehicle?	SMA1252Z
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SHC/Insurer/Motor Service Centre: 23 2 22 | Vehicle No: SMA12522Z | Report Date: 23.2.2022 [illegible]
Report No: SH _____ H.H.S: _____ | Make/Model: N/ Qashqai | Reporting Type: TP _____ End Time: _____

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, any 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 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 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 also 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 collected under (d) above may be shared / disclosed:

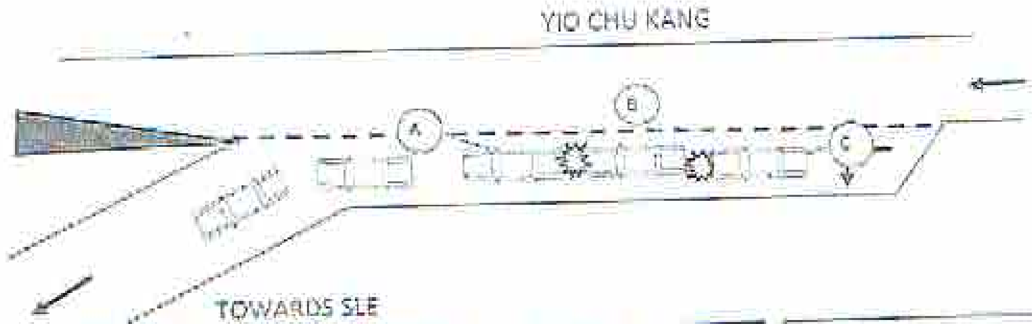
i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or

ii) for complying with requirements under any regulations, law or court orders.

23.2.2022 10:04	23.2.2022 10:04	
Policyholder's Signature Date & Time	Driver's Signature (if driver is not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name: Chen JunLiang NRIC/Fin No.: S890[illegible]

SKETCH PLAN #2

SKETCH PLAN



Vehicle A: SMA12537	Vehicle B: GBF2085J	Vehicle C: SLH1527U	

MY VEHICLE WAS ENTERING INTO SLE FROM YIO CHU KANG SLIP ROAD. THERE WAS ONE HYUNDAI AVANTE
(WHITE) IN FRONT OF MY VEHICLE. THE HYUNDAI AVANTE VEHICLE SUDDENLY JAM BRAKED. I ALSO BRAKED
AND STOP ON TIME.. VEHICLE B ALSO STOPPED ON TIME. VEHICLE C UNABLE TO STOP ON TIME AND HIT ONTO
VEHICLE B REAR PORTION. DUE TO THE IMPACT, VEHICLE B WAS PUSHED FORWARD AND THUS HIT ONTO MY
VEHICLE REAR PORTION. ALL DRIVERS THEN ALIGHTED TO ASSESS THE SITUATION. THE HYUNDAI AVANTE
DRIVER INFORMED THAT THERE WAS ONE UNKNOWN VEHICLE WHOM CUT ONTO HIS LANE ABURPTLY THUS HE
J-BRAKED BUT MY VEHICLE DID NOT HIT ONTO THE HYUNDAI AVANTE AND THUS THE DRIVER LEFT. IT WAS A
CHAIN COLLISION INVOLVING THREE VEHICLES.

DECLARATION

I/We declare the foregoing particulars are true in every respect

23-2-2022 10:04

Policyholder's Signature
Date & Time

23-2-2022 10:01

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

Reporting Centre Personnel's Signature
Name: Chan Junliang
NRIC/ Fin No: S990788