

Send/Fax to: _____

Submitted: _____

SINGAPORE ACCIDENT STATEMENT

BASIC INFORMATION			
Date of Accident:	1.4.02	Time of Accident:	18.40 hrs
Exact Location:	Holland Rd → North Buona Vista Rd		

DETAILS OF OWN VEHICLE			
Vehicle Registration No.	SJY 4323S	NRIC / FIN / Passport no:	ST225447C
Name of Registered Owner:	Tin Wai Leong		
Owner's Email:	tinwai.leong@Hotmail.com		
Owner's Address:	Blk 22 Dover Crescent #06-356 (130022)		
Vehicle Make:	Mazda	Vehicle Model:	5
Engine Capacity (cc):	2 litre	Transmission:	Auto / Manual
Type of Claim:	Own Damage / Third Party / Reporting Only		
Vehicle Category:	Private / Commercial / Motorcycle / Private Hire		
Name of Insurance Co:	NTUC Income		
Type of Policy:	Comprehensive / Third Party / Third Party, Fire & Theft		
Policy Number:	511178294-02		

DRIVER			
Name of Driver:	as above	<input type="checkbox"/>	same as
NRIC / FIN / Passport no:	ST225447C	Date of Birth:	25.7.1972
Occupation:	Indoor / Outdoor	Driving Pass Date:	25.5.1998
Contact Number:	90228109	Gender:	Male / Female
Address:	as above		
Relationship with Owner:	Owner / Employee / Spouse / Child / Hirer / Other:		

GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision:	Chain collision / Side Swipe / Front to Rear / Others:		
Weather Condition:	Clear / Raining / Others:		
Road Surface:	Dry / Wet / Others:		
Was anybody injured?	Yes / No	Police Report Made?	Yes / No
No. of passenger onboard (including driver):	2 (1 male passenger)		

DETAILS OF OTHER VEHICLE			
	Vehicle 1	Vehicle 2	Vehicle 3
Vehicle Registration No:	SKL 9820K	unknown	
Vehicle Make / Model:	Honda Vezel		
Name of Driver:	Mohamed Shah		
NRIC / FIN / Passport no:	S1558049F		
Contact Number:			
Name of Insurance Co:			

DETAILS OF WITNESSES	
Name:	Contact Info:

DETAILS OF INJURED PERSON			
	Person 1	Person 2	Person 3
Name / in which vehicle?:	SJY 4323S		

Driver's Declaration: I declare that the information given in this report are true and accurate to the best of my collection and I bear full responsibility for any consequences arising from incomplete or inaccurate information that are submitted.

Describe Circumstances of the Accident

I was driving along Holland Rd. towards the direction of North Buona Vista.
When vehicles ahead came to a stop, I follow suit. Next second, I felt a strong impact from the rear of my vehicle, causing my car to surge forward & hit onto a Singapore motorcycle in front of me. I alighted to check. The front motorcyclist claimed that he was okay & drove off. I did not take his name. I then exchange particulars with Veh (B) that hit onto my rear.
I felt pain on my back this morning & will be consulting the doctor later.

Declaration

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



Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

SKETCH PLAN

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. 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.
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/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

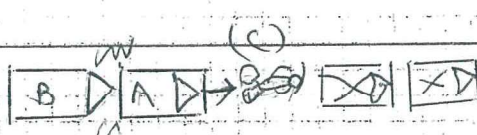
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Holland Road

A) SJ4 4323S

B) SL2 9820K

C) unknown