

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 17/05/2022 13:11 (SGT)
Date of Accident 17/05/2022 08:15 (SGT)
Exact Location of Accident Lornie Hwy, Singapore
Additional Location Information -
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMK4593S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner WOON HOW CHIANG JASON
NRIC No S7515299Z
Email Address geraldine_woo78@yahoo.com.sg
Mobile Phone No (Phone) +65-96611548
Alternative Phone No +65-96611548

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Santa fe
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 2199

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5124811182
Cover Note Number -

DRIVER

Name of Driver WOON HOW CHIANG JASON
NRIC No S7515299Z

Date Of Birth	24/05/1975
Occupation	Indoor
Date Of Driving Pass	27/12/1995
Driving experience	26 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96611548
Alt. Phone Number	+65-96611548
Email Address	geraldine_woo78@yahoo.com.sg
Address	BLK 634 ANG MO KIO AVENUE 6 #06-5197
Address complement	-
Postcode	560634
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	WOON KAI YUAN CHRISTIAN
Gender	Male

PASSENGER 2

Name	WOO MUNG EE
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

PLEASE REFER TO ACCIDENT STATEMENT AS ATTACHED.

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	VIDEO FOOTAGE WILL BE SEND VIA EMAIL
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SND272U
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Vehicle Manufacturer	Volvo
Vehicle Model	Xc60
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	NG YEOW BOON
NRIC No	S6942168G
Contact Number	(Phone) +65-92992458
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	SJZ5052L
Vehicle Manufacturer	BMW
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	NEO PECK WEE
NRIC No	S7714847G
Contact Number	(Phone) +65-83580888
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLANIMPORTANT NOTICE

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7. By the lodgment 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.
- (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, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Date & Time: 17/5/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time: 17/5/2022

Reporting Centre Personnel's Signature

Name:

JOELLE TAN
NRIC/FIN No.: AMK AUTOPPOINT PTE LTD
17.05.2022

SKETCH PLAN

LORNE HIGHWAY

Vehicle A	Vehicle B (Driver)	Vehicle C
SJZ5052L	SMK45938	SND2722D

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~Vehicle C apply emergency brake,~~
~~Vehicle B apply emergency brake (without contact)~~

- 1) Vehicle C applied emergency brake
- 2) Vehicle B applied emergency brake (without contact)
- 3) Vehicle A collided with Vehicle B (Accident)
- 4) Vehicle B was pushed forward onto Vehicle C and contacted Vehicle C.

DECLARATION

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

Policyholder's Signature
 Date & Time: 17/5/2022
 10.05am

Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 17/5/2022
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Reporting Centre Personnel's Signature
 Name: Joelle Tan
 NRIC/FIN No.: AMK AUTOPPOINT PRE LTD
 17.05.2022

GIARMC SketchPlanForm_V3









