

## 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 Actual 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 .....	11/08/2022 13:12 (SGT)
Reported by .....	Both
Date of Accident .....	10/08/2022 19:09 (SGT)
Exact Location of Accident .....	Singapore
Additional Location Information .....	MANDAI ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SME4546K
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#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	KHOO WEI LIANG(QIU WEILIANG)
NRIC No .....	SXXXX686I
Email Address .....	khoowl1987@gmail.com
Mobile Phone No .....	(Phone) +65-97116749
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Honda
Model .....	GRACE HYBRID 1.5DX AUTO
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 .....	1496

#### INSURANCE COMPANY

Name of Insurance Company .....	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number .....	5123473848

#### DRIVER

Name of Driver .....	CHEONG JIETING(ZHANG JIETING)
NRIC No .....	SXXXX860I
Date Of Birth .....	20/06/1988
Occupation .....	Indoor

Date Of Driving Pass .....	26/09/2008
Driving experience .....	13 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-91118367
Alt. Phone Number .....	-
Email Address .....	cheong_jieting@yahoo.com
Address .....	BLK 406 CHOA CHU KANG AVE 3 #10-281
Address complement .....	-
Postcode .....	680406
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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? .....	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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	KHOO WEI LIANG(QIU WEILIANG)
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? .....	Yes
Reasons for not uploading a video of the accident .....	EMAIL DIRECT TO NTUC.

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GY5060D
Vehicle Manufacturer .....	-
Vehicle Model .....	-

Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	TOH BANG CHIE
NRIC No .....	SXXXX145H
Contact Number .....	(Phone) +65-81801168
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	KHOO WEI LIANG(QIU WEILIANG)
Gender .....	Male
Phone No .....	(Phone) +65-97116749
Address .....	BLK 406 CHOA CHU KANG AVE 3 #10-281
Address Complement .....	-
Post Code .....	680406
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC.
Injured person in which vehicle? .....	SME4546K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

##### INJURED 2

Name of injured person .....	CHEONG JIETING(ZHANG JIETING)
Gender .....	Female
Phone No .....	(Phone) +65-91118367
Address .....	BLK 406 CHOA CHU KANG AVE 3 #10-281
Address Complement .....	-
Post Code .....	680406
Approximate Age Years Old .....	-
Injuries Sustained .....	2 DAYS MC.
Injured person in which vehicle? .....	SME4546K
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	No

SKETCH PLAN

VEH NO: SME 4546K  
 INSURER: NTUC  
 DATE OF ACC: 11/8/22 @ 19:09

**IMPORTANT NOTICE**

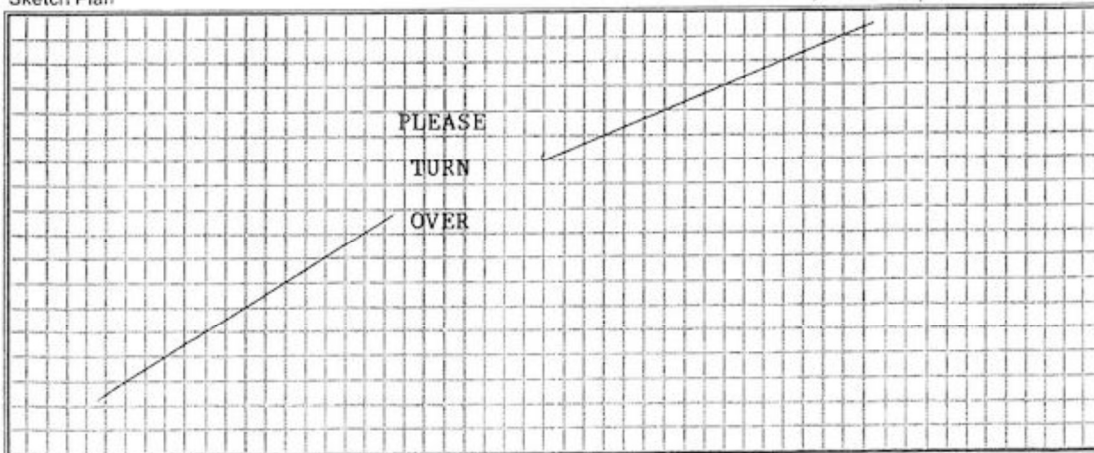
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

[Signature]  
 Policyholder's Signature / Date & Time

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

[Signature] 11/8/22  
 Witnessed by Reporting Centre Personnel  
 (Name as in NRIC/ID card) (YS)

**Sketch Plan**



Describe Circumstance of the Accident

\*\* NOTE : PLEASE TAKE NOTE THAT YOUR INSURER HAVE 14DAYS TIME FRAME for you to submit OWN DAMAGE Claim under your Own Comprehensive policy. Pls check your policy for more information.

( ) Claim Own Policy ( ☒ ) Claim Third party ( ) Reporting Only

( ) Claim OD/ TP at other workshop ( )

Sketch Plan


A: SME 4546K  
B: GY 5060D  
Toh Bang Chie  
S 1576145 H  
HP- 81801168  
(with 1 passenger)


I was stationary at the above junction due to red traffic. Out of sudden, a great impact came from behind and realized vehicle B has collided onto the rear of my car. My husband who was with me at the passenger seat, both of us felt giddiness and nausea after the impact and consulted doctor. We were given 2 days mc each. There were 2 golf sets in my car rear boot when accident happened, estimated cost \$3K to \$5K each.

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  
(Name as in NRIC/ID card)  
11/8/22  
(45)