

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 First Submission	14/09/2024 11:16 (SGT)
Reported by	Both Policyholder and Actual Driver
Date of Accident	13/09/2024 18:35 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	SLIP ROAD OF TOH TUCK EXIT FROM PIE (TUAS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU699T
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM WEE HWA
NRIC No	S8267742I
Email Address	HWA45@HOTMAIL.COM
Mobile Phone No	(Phone) +65-87220883
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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
Vehicle Fuel	-
First Registration Date	-
Chassis no	-
Effective Date/Time of Ownership	-

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5136512989-01

DRIVER

Name of Driver	LIM WEE HWA
NRIC No	S8267742I
Date Of Birth	02/10/1982
Occupation	Indoor
Driving Pass Date	26/05/2014
Driving License Pass Class	3
Driving License Validity	Valid
Driving experience	10 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-87220883
Alt. Phone Number	-
Email Address	HWA45@HOTMAIL.COM
Address	650 ANG MO KIO ST 61 #15-17
Address complement	-
Postcode	560650
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)	1
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	-

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

AS PER ABOVE DATE AND TIME, I WAS DRIVING SKU699T ALONG SLIP ROAD TO TOH TUCK AVE EXIT FROM PIE (TUAS) ON THE EXTREME LEFT LANE. SOMEWHERE BEFORE ONTO TOH TUCK AVE, VEHICLE C, SKS836A INFRONT OF ME SLOWED DOWN AND STOPPED. I APPLIED BRAKE AND STOPPED ACCORDINGLY. OUT OF SUDDEN, VEHICLE B- GBJ4394K COLLIDED ONTO MY VEHICLE REAR PORTION. DUE TO THE GREAT IMPACT, MY VEHICLE SURGED FORWARD AND COLLIDED ONTO VEHICLE C REAR PORTION. VIDEO FOOTAGE ATTACHED.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ4394K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	JEWEL
Contact Number	(Phone) +65-84291924
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEH B
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS836A
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	VEH C
No. Of Passenger (Including Driver)	4

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LIM WEE HWA
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKU699T
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

IMPORTANT NOTICE

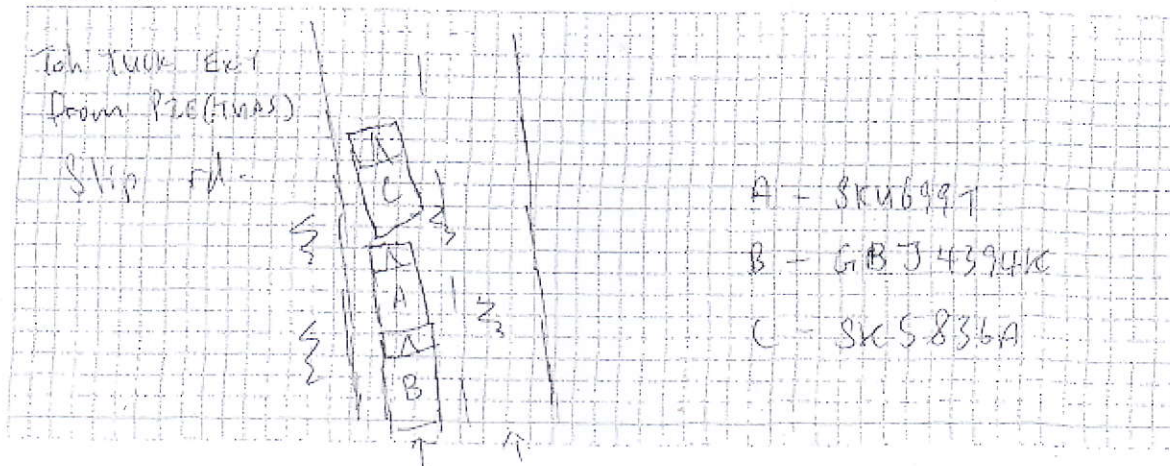
1. Please report correctly the details of the accident to speed up the claims process.
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance 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' law firms/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' law firms/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





Describe Circumstances of the Accident

As per above date and time, I was driving
 SKU6997 along slip rd of Tbh Truck Ave Exit
 from PSE (TUNST) on the extreme left lane
 boundary before onto Tbh Truck Ave, vehicle
 SKS8367 in front of me slowed down and
 stopped. I applied brake and stopped
 accordingly. Out of sudden, Vch (B>GBJ 4394) collided
 onto my vehicle rear portion. Due to the great
 impact, my vehicle surged forward and collided onto
 Vch (C) rear portion. Video Footage attached.

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