

## 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 ability.
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 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 Report	13/09/2017 15:40
Date Of Accident	13/09/2017 11:05
Exact Location Of Accident	LOWER KENTRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR8515B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JOSEPHUS LIM
Co Reg No	53363331A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92985253
Alternative Phone No	OFFICE-92985253

### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 A
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5091402215
Cover Note Number	31/05/17 - 30/05/18

### Driver

Name of Driver	SUNNY THAM YIN SANG
NRIC No	S7805199Z
Date Of Birth	10/03/1978
Occupation	OUTDOOR
Date Of Driving Pass	30/12/1996
Driving Experience	20 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96698312
Fax Number	
Contact Number	
EMail Address	SUNNY_THAM@HOTMAIL.COM

Address	BLK 424 WOODLANDS ST 41 #12-326
Postcode	730424
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

Accident happened on 13/09/17 at 11.05am at Lower Kent Ridge Road (Near NUH Main Building). I was travelling at low speed as there were slow moving cars in front. Taxi SHD7046G hit my car from behind at speed faster than expected for that road. Back bumper cracked.

#### 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	SHD7046G
Vehicle Make/Model/Colour	BLUE COMFORT TAXI
Details Of Properties	
Name of Driver	CHINESE MALE IN HIS 50'S
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

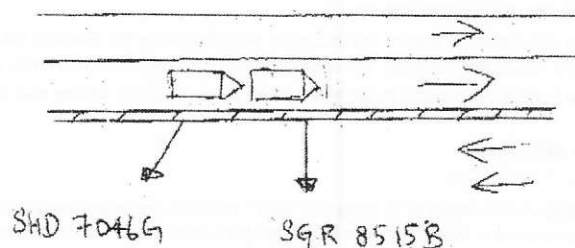
#### DETAILS OF INJURED PERSON 1

Name	SUNNY THAM YIN SANG
Approximate Age	39
Injuries Sustain	NECK PAIN
Injured person in which vehicle?	SGR8515B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 424 WOODLANDS ST 41 #12-326
Postcode	730424

( ) Claim Own Policy (✓) Claim TP ( ) Claim OD/TP at other workshop ( ) Reporting Only

### Sketch Plan

Straight road along Laver Kent Ridge Road



- Accident happened on 13/9/2017 at 11:05 am at Lower Kent Ridge Road (near NUH Main Building).
- I was travelling at low speed as there were slow moving cars in front.
- Taxi SHD7046G hit my car from behind at speed faster than expected for that road.
- Back bumper cracked.

### Declaration

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 W/L

**SKETCH PLAN**

VEHICLE NO.: SGR8515B

INSURER : NTUL

DOA : 13/9/17

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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' 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.

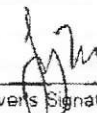
(collectively the "Purposes")


(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



 13/9/2017 3pm  
Driver's Signature (If driver is not the policyholder) / Date & Time

 13/09/17  
Witnessed by Reporting Centre Personnel W L

Sketch Plan

P.T.O.