

## 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 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	02/05/2018 11:08
Date Of Accident	01/05/2018 14:00
Exact Location Of Accident	JUNCTION OF CLARKE QUAY AND RIVER VALLEY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD5700S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)
NRIC No	S8028886G
Email Address	DAFNIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96876908
Alternative Phone No	OTHERS-96876908

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 X CVT (A)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081507196-01
Cover Note Number	

### Driver

Name of Driver	DAPHNE NG CHIA LI (DAPHNE HUANG JIALI)
NRIC No	S8028886G
Date Of Birth	27/07/1980
Occupation	INDOOR
Date Of Driving Pass	03/05/2005
Driving Experience	12 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-96876908
Fax Number	
Contact Number	OTHERS-96876908
Email Address	DAFNIE@GMAIL.COM

Address	54 NEW UPPER CHANGI ROAD #04-1462
Postcode	461054
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	3

#### 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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAPTURED WRONG DIRECTION
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PZ24E
Vehicle Make/Model/Colour	MAN
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LI GUIDONG
NRIC/Passport Number	O57601167
Contact Number	96549580
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

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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.
- (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: 02/05/18

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

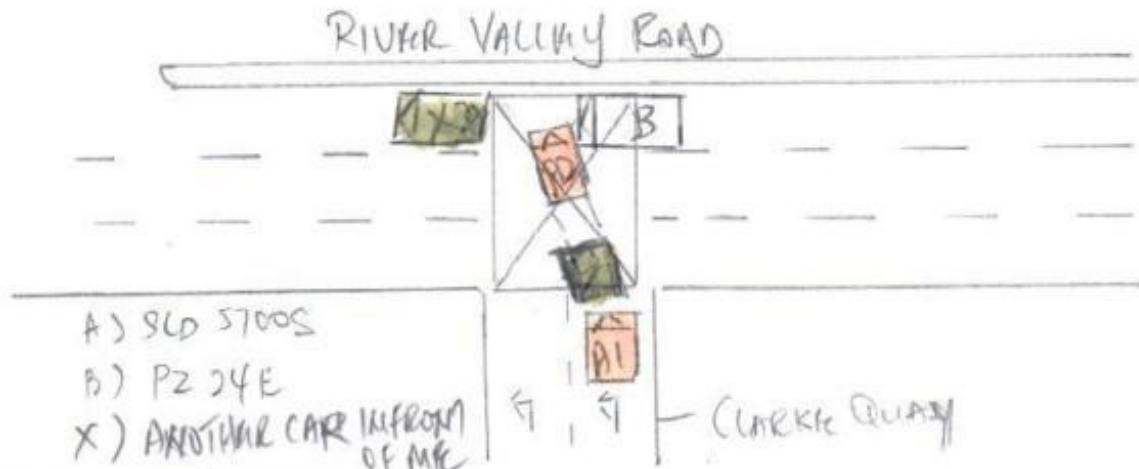
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

\* I was driving out of The small lane outside Liang Court Shopping Centre and making a left turn to River Valley Road. The traffic light showed green arrow when I was making the left turn. \* Shortly after, a bus hit the front corner of my car and as I braked to a stop, it my car scrapped past the bus a little more until the car fully stopped.

\* I was driving out of Liang Court Shopping Centre carpark and turned right into the small lane leading out to River Valley Road. I stopped at the traffic light in the small lane as the traffic light was red and there was a car in front of me. When The green left arrow light came on, I followed The car in front of me and turned left onto River Valley Road. \*.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 02/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

*[Signature]* 02/05/2018  
*[Signature]*

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Accident Photo**



Accident Photo





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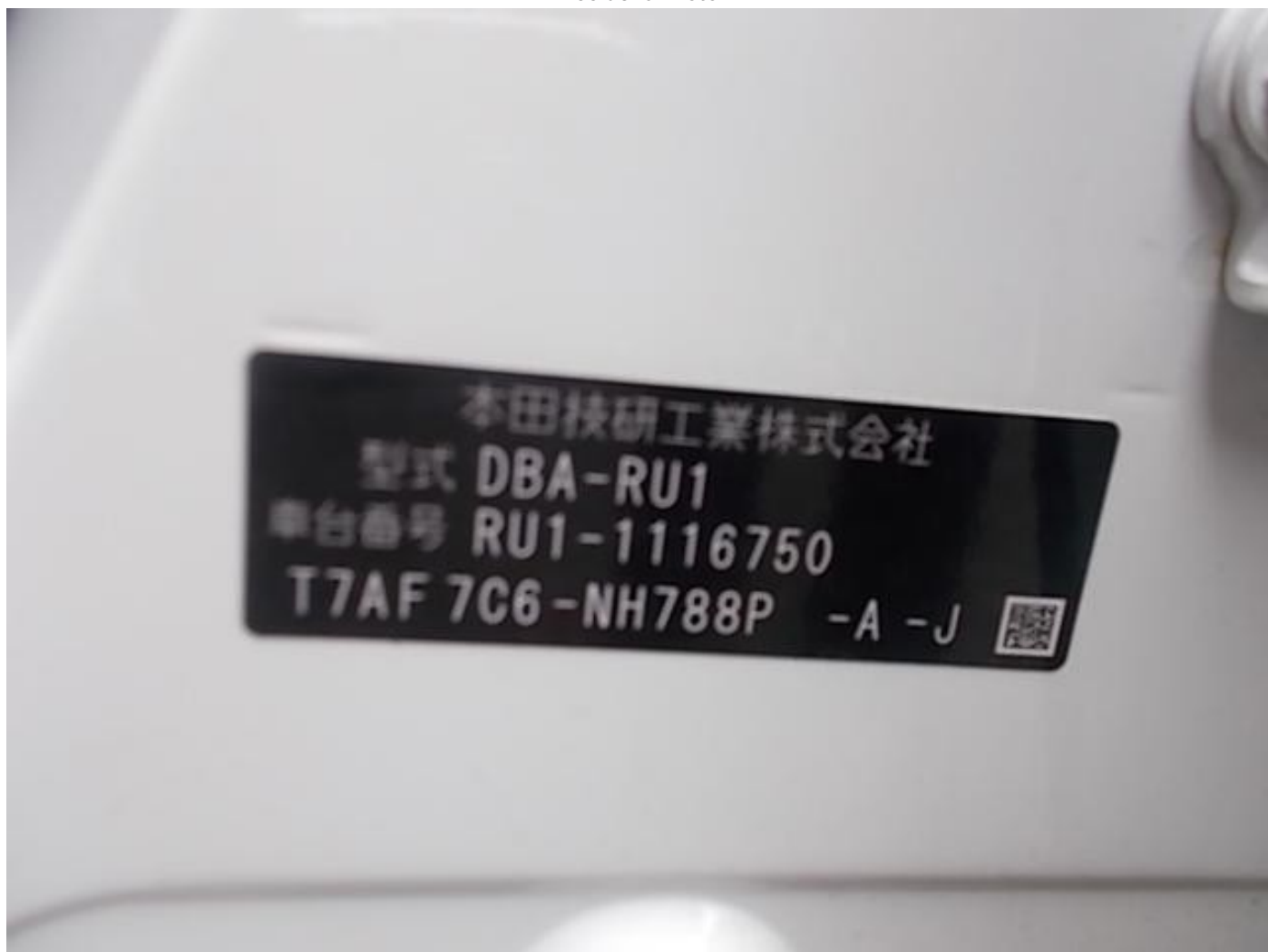


Accident Photo





Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048550  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: NW4450 56973 Vehicle Registration No: SLD5700S  
Name (as shown in NRIC): DAPHNE NG CHUA LI NRIC/FIN/Passport No: S80288864  
(\*Vehicle Driver ~~Vehicle Owner~~) (\*Please delete as appropriate)  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96876908  
Email Address: \_\_\_\_\_  
Date of Accident: 01/05/2018 Time of Accident: 14:00  
Place of Accident: JUNCTION OF CLARKE ROAD / RIVERVALE ROAD  
Insurance Company: NIC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TIME OF ACCIDENT SHOULD BE 14:00HRS

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Peter Lim  
NRIC/FIN No.: 01/05/2018  
Date:

# Addendum Sheet



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## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNAVIB056973 Vehicle Registration No: SLD 5700S  
Name (as shown in NRIC): DAPHNE NG CHIA LI (DAPHNE HUAN) NRIC/FIN/Passport No: S8028886 G  
(☒ Vehicle Driver / ☐ Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore ( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96876908  
Email Address: \_\_\_\_\_  
Date of Accident: 01/05/2018 Time of Accident: 14:00  
Place of Accident: JUNCTION OF CLARK QUAY / RIVERVALEY ROAD  
Insurance Company: MIC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THE ACCIDENT CIRCUMSTANCES

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: ROSE WONG  
NRIC/FIN No.:  
Date: 07/05/2018