

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	29/05/2018 22:36
Date Of Accident	29/05/2018 14:50
Exact Location Of Accident	BLK 686 CHOA CHU KANG CRESCENT MSCP DECK 1A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKP8040S
Insured/Policyholder	
Name Of Registered Owner	LIM SHEAU CHYI
NRIC No	S8279522G
Email Address	SHEAUCHYI.LIM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82685790
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5091968478
Cover Note Number	

Driver

Name of Driver	ONG KIAN LEE
NRIC No	S8164481J
Date Of Birth	17/09/1981
Occupation	INDOOR
Date Of Driving Pass	12/06/2008
Driving Experience	9 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	+65-82685790
Fax Number	
Contact Number	
EMail Address	SHEAUCHYI.LIM@GMAIL.COM

Address	BLK 686A #07-244 CHOA CHU KANG CRESCENT
Postcode	681686
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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)	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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ADVISED OI TO SUBMIT TO MOTOR CLAIMS EMAIL
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ5744Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ABDUL RAHIM BIN MOHAMMAD YASSIN
NRIC/Passport Number	S1439422B
Contact Number	98964186
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

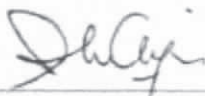
SKETCH PLAN

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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: 29/5/2018
18:39



Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/5/2018
18:39



Reporting Centre Personnel's Signature

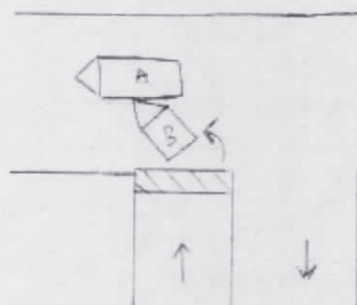
Name: Shady
NRIC/FIN No: S6702192

Sketch Plan #2

SKETCH PLAN

A-SKP80408

B-SLQ57444



B1K 686 Chua Chu Kang Crescent
MSCP Deck 1A.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my car at Deck 1A to look for a parking lot. As I was travelling straight, there was another vehicle, Vehicle B at the gantry. After I passed the gantry, suddenly I felt an impact on my left side. I came over and checked my vehicle and found out Vehicle B had hit onto my left side. The driver mentioned that he did not notice me as he was looking on his left. No one was injured.

DECLARATION

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

[Signature]

Policyholder's Signature

Date & Time: 29/5/2018
18:43

[Signature]

Driver's Signature

(If driver is not the policyholder)

Date & Time: 29/5/2018
18:43

[Signature]

Reporting Centre Personnel's Signature

Name: Shafiq
NRIC/FIN No.: S9295192

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
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. : MN18069671 Vehicle Registration No. : SKP8040S
Name (as shown in NRIC) : ONG KIAN LEE NRIC/FIN/Passport No. : S8164481J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 686A #07-244 CHO A CHU KANG CRESCENT Singapore (681686)
Contact (Tel) : _____ Mobile No. : 82685790
Email Address : SHEAUCHYI LIM@GMAIL.COM
Date of Accident : 29/05/2018 Time of Accident : 14:50
Place of Accident : BLK 686 CHO A CHU KANG CRESCENT MSCP DECK 1A
Insurance Company : NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

Would like to amend third party driver name from ABDUL RAHMAN BIN MOHAMMAD YASSIN

to ABDUL RAHIM BIN MOHAMMAD YASSIN

[Signature]
Policyholder / Driver's Signature
Date: 30/5/2018

[Signature]
Reporting Centre Personnel's Signature
Name: HUA
NRIC/FIN No.: C8430904H
Date: 30/5/2018