

## 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	25/06/2018 11:14
Date Of Accident	24/06/2018 15:20
Exact Location Of Accident	1KM B/F CIQ SULTAN ABU BAKAR TG KUPANG TWRDS S'POR
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG5955U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUI JIA XU
NRIC No	S7972283I
Email Address	LUIJESSE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97919372
Alternative Phone No	OTHERS-97919372

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION
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	5097715604
Cover Note Number	

### Driver

Name of Driver	LUI JIA XU
NRIC No	S7972283I
Date Of Birth	20/01/1978
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2006
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97919372
Fax Number	
Contact Number	OTHERS-97919372
EEmail Address	LUIJESSE@GMAIL.COM

Address	BLK 473 CHOA CHU KANG AVENUE 3 #15-175
Postcode	680473
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	SIDE SWIPE
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
Passenger 1	NAME: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

#### 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

#### 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	SKF7139B
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	EMMANUEL LOW ZHICHENG
NRIC/Passport Number	S9080570C
Contact Number	92967761
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 25 Jun 2018  
0930

Driver's Signature

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

Reporting Centre Personnel's Signature

Name: [Signature]  
NRIC/FIN No.: [Signature]

## Accident Sketch Plan

### SKETCH PLAN

Time: 1515  
Date: 24 Jun 2018

Time: 1520  
Date: 24 Jun 2018

A: ?  
B: SKF7139B  
S: SKG5955U

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Prior to the contact with vehicle B, I made a slight contact with Vehicle A. Vehicle A's ~~owner~~ driver came out from the car to check the ~~to~~ his vehicle, that's when I realised I made contact. He just asked me to be careful and moved on in front of me as the queue of vehicles progressed. The merging of lanes happened on the right hand side of the vehicle, so I moved on as there was ~~no~~ a traffic controller in front signalling me to merge to the right.

There after, there was at least <sup>one</sup> car from the other lanes ~~of~~ on my right moved forward and I drove on. Suddenly, there was a slight jerk on my car from the left hand side. I stopped my car went out to check. I saw the driver (Emmanuel) came out and he asked me to relax and said that I was affected by the incident earlier (with vehicle A). Another passenger (female) from the Vehicle B came out & shouted at me, "This is not even our car. You must pay for the car now." I did not respond to her. I spoke to the driver and ~~we~~ took photos of each other's car & IC. We exchanged contact too. I offered to discuss about settlement later. He mentioned he was not moving.

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### DECLARATION

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

Policyholder's Signature  
Date & Time: 25 Jun 2018  
0930

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

25/6/2018  
Fashina



## Accident Sketch Plan

### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Continued...

At 1530, Emmanuel called me and asked me how to settle. I asked <sup>total</sup> him that I believed it was just paintwork damage & offered to ask him bring his vehicle to the workshop I know. I ask told him that I'll check which workshop before I contact him again.

At 1540, Emmanuel called me and I told him that I was still checking. He mentioned again that he knew I was affected by the incident earlier.

At 1554, I Whatsapp'd to him ~~to~~ that all the workshops were closed on Sunday. He called me after that and said that he had called up his sister. His sister insisted to send the vehicle to BMW service Centre. He Whatsapp'd me that he'll make a police report on this.

At 2100, Emmanuel called me & mentioned he'll send the vehicle to BMW service centre on Monday morning. He said he'll let me know the cost before repairing. He also apologized about her girlfriend shouted at me. He told me that they were quarrelling at the time of the accident.

~~At this~~ In conclusion, I believed ~~to~~ he ran into me instead of I <sup>ran</sup> into him.

## DECLARATION

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

Policyholder's Signature \_\_\_\_\_  
Date & Time: 25 Jan 2018

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Carol Watson  
NRIC/FIN No.: 9901 1234 5678 9010

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



## 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: S665506200 / 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 : MNA468081333 Vehicle Registration No: SKG 9955 U  
Name (as shown in NRIC) : LUI JIA XU NRIC/FIN/Passport No : S7972831  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 473 Choa Chu Kang Ave 3 #15-17S Singapore (680473)  
Contact (Tel) : 66990420 Mobile No. : 97919372  
Email Address : Lui Jesse @ Gmail. com  
Date of Accident : 24 Jun 2018 Time of Accident : 1520  
Place of Accident : 1 km b/f CICA Sultan Abu Bakar Tg Kupang Towards Singapore  
Insurance Company : NTUC Income

#### (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:

- ① - To change from "Reporting" to "Third Party Claim".
- ② To Insure photos damaged should be REAR LEFT SIDE

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date: