#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	31/07/2018 12:46	
Date Of Accident	31/07/2018 10:30	
Exact Location Of Accident	ALONG YIO CHU KANG RD BEFORE JUNC CACTUS RD	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJP8424E	
Insured/Policyholder		
Name Of Registered Owner	SHIRLEY LIM XUE LI (LIN XUELI)	
NRIC No	S8110305D	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-93299290	
Alternative Phone No	OFFICE-93299290	
Vehicle Particulars		
Manufacturer	HYUNDAI	
Model	HD AVANTE 1.6 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	5063345349-04	
Cover Note Number		
Driver		

Name of Driver LIM PENG KOON (LIN BINGKUN)

NRIC No S7834426A

Date Of Birth 18/11/1978

Occupation OUTDOOR

Date Of Driving Pass 16/12/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number +65-93299292

Fax Number

Contact Number OFFICE-93299292

EMail Address NOEMAIL

Address BLK 271A SENGKANG CENTRAL

#10-263

Postcode 541271

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 Vegistration Number of Briver's Own

Insurance Company of Driver's Own Vehicle

-

#### **General Information of the Accident**

Type Of Accident CHAIN COLLISION

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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

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Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHIRLEY LIM XUE LI (LIN XUELI)

GENDER: : FEMALE

Passenger 2 NAME: : SHERZANNE LIM XUAN TING

GENDER: : FEMALE

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

# NO

NO

#### **Circumstances of Accident**

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG LANE 2 YIO CHU KANG RD AS IT WAS CONGESTED. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION. AFTER AN IMPACT, MY VEHICLE MOVED FORWARD AND HIT ONTO VEHICLE C REAR PORTION.

#### 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 SMB3520G

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category BUS

Name of Driver LUO YONG
NRIC/Passport Number G2379074U

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SKM2847L

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER:

2

#### **DETAILS OF INJURED PERSON 1**

Name LIM PENG KOON (LIN BINGKUN)

Approximate Age

Injuries Sustain HEAD & DIZZY
Injured person in which vehicle? SJP8424E
Were seat belts worn? YES

...

Was this injured conveyed to hospital by

ambulance?

Address Postcode

**DETAILS OF INJURED PERSON 2** 

Name SHIRLEY LIM XUE LI (LIN XUELI)

Approximate Age

Injuries Sustain HEAD, NECK, BACK & ANKLE

Injured person in which vehicle? SJP8424E Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance? Address NO

NO

Postcode

### **DETAILS OF INJURED PERSON 3**

Name SHERZANNE LIM XUAN TING

Approximate Age

Injuries Sustain HEAD
Injured person in which vehicle? SJP8424E
Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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#### **Accident Sketch Plan**

#### SKETCH PLAN

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  Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
  interested parties.
- By the lodgment 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.
- 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 insurers) 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:
  - 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:

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

#### **Accident Sketch Plan**

SKETCH PLAN	
60	A: SIPSYZYE
100 E	E: SMB3520G
WA CAN	
DESCRIBE CIRCUMSTANCES	AND AND REPORTED TO
The spirit	
DECLARATION	
DECLARATION  I/We declare the foregoing partic	ulars are true in every respect
Policyholder's Signature Date & Time:	Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name:

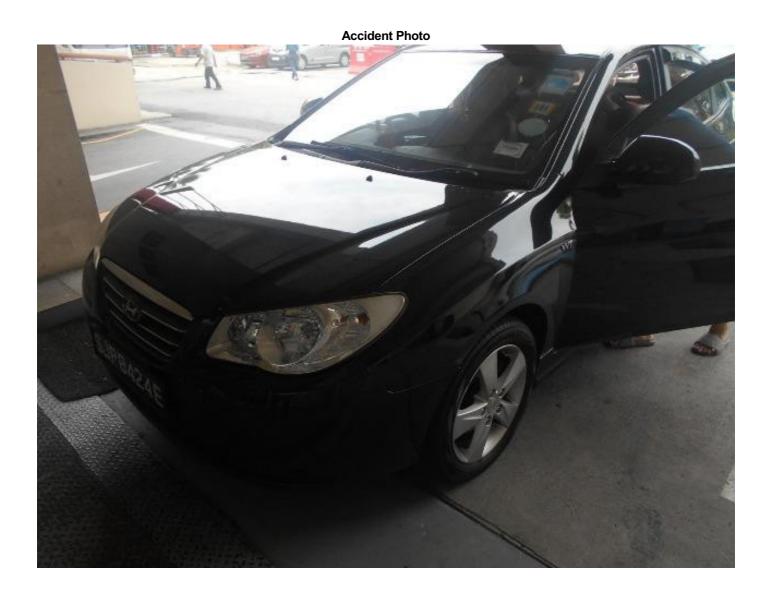
NRIC/FIN No.:

Date & Time:





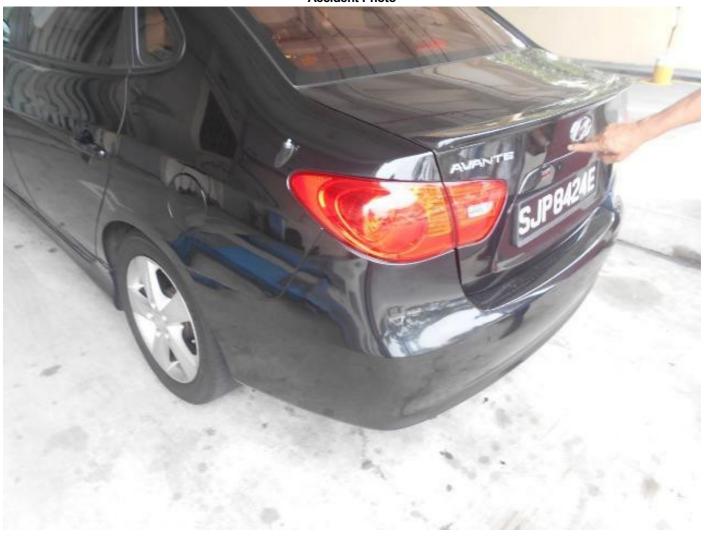














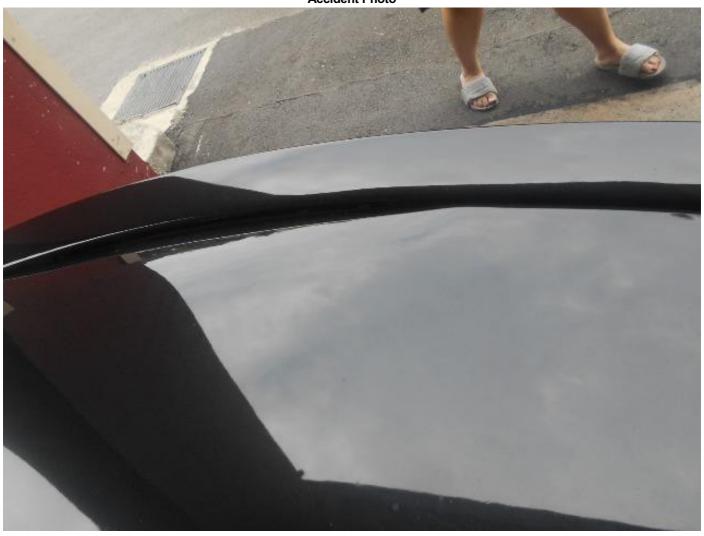












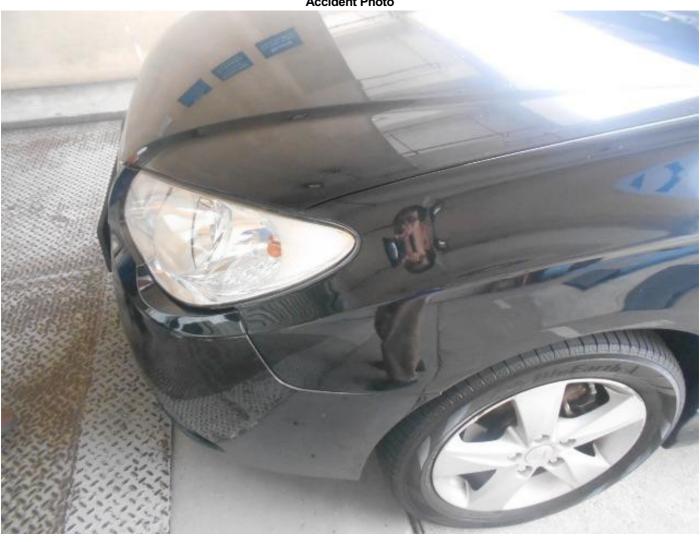












#### **Addendum Sheet**



Date:

#### 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: \$46550206 / GST Reg. No.: M400017735

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

# ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA18098724 Vehicle Registration No: 578494E Penn Koun Chin Bingkun NRIC/FIN/Passport No : Name(as shownin NRIC) : hm (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate Singapore(341271) Address Mobile No.: Contact (Tel) **Email Address** Time of Accident: 10:20 Date of Accident Place of Accident Insurance Company: NTO (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: vehicle B- SMB35204 Policyholder / Driver's Signature Reporting Centre Personnel's Signature

Name: NRIC/FINNo.: Date: