

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	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	- - -
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
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: : 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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

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) 2
Passenger 1
NAME: :
GENDER: :

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? NO
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? NO
Address
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

Accident 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:



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

yio chn kang rd

C
A
B

A: SP8424E
B: SMB3570G
C: SKM7847L


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to statement.

DECLARATION

I/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:


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



현대자동차(주)				HYUNDAI MOTOR COMPANY	
변속기	차축	도장	외장	KMHDU41BR9U729261	
TRANSM	AXLE	PAINT	TRIM		
P	H	9F	9P		
정비부호	형식	승인	번호		
S.V.C	APPD	MODEL	NO		

Accident Photo



Accident Photo



Accident Photo



Accident Photo





**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

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: S465500206 / GST Reg. No.: M400017735

ADDENDUM

Original Report No : MNA18098724 Vehicle Registration No: JP844YE
Name(as shown in NRIC) : Lim Peng Koon (Lin Bingkun) NRIC/FIN/Passport No : J834426A
(*Vehicle Driver / **Vehicle Owner**) (*) Please delete as appropriate
Address : Blk 271A Seng Kang Central #10-263 Singapore (141271)
Contact (Tel) : _____ Mobile No.: 93299292
Email Address : _____
Date of Accident : 31/3/18 Time of Accident : 10:20
Place of Accident : Along YD Chin Kang Rd before junction Cactus Rd.
Insurance Company: NTUC

Amprol vehicle B - 5MBJ5204 -

Policyholder / Driver's Signature
Date:

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