

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	06/08/2018 14:05
Date Of Accident	05/08/2018 09:35
Exact Location Of Accident	SLIP RD CLEMENTI AVE 2 TWDS WEST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD9646P
Insured/Policyholder	
Name Of Registered Owner	EPIC CAR LEASING PTE LTD
Co Reg No	201818232K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93639889
Alternative Phone No	OFFICE-93639889

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM 1.8L AT RSZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5101294101
Cover Note Number	

Driver

Name of Driver	LIM SIN HUAT
NRIC No	S1347016B
Date Of Birth	19/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/08/1981
Driving Experience	36 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97837722
Fax Number	
Contact Number	OFFICE-97837722
Email Address	NOEMAIL

Address	BLK 811B CHOA CHU KANG AVENUE 7 #13-615
Postcode	682811
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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 STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF2102X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

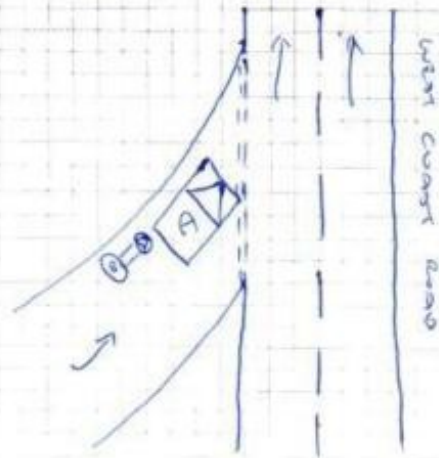
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

SLIP ROAD FROM CLERMONT AVE 2 INTO WEST CURRY ROAD

VEHICLE A - SLD 9646P
VEHICLE B - FBF 2102X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY VEHICLE WAS STATIONARY BEHIND THE GIVEWAY LINE, FROM CLERMONT AVE 2 INTO WEST CURRY ROAD.
WHILE COMING TO A STOP AT THE GIVEWAY LINE AT THE SLIP ROAD, TO GIVE WAY TO THE ON-GOING CAR FROM WEST CURRY ROAD, WHICH SUDDENLY I FELT AN IMPACT FROM THE REAR OF MY VEHICLE.
ALIGHTED FROM MY VEHICLE AND REALIZED A MOTORCYCLE VEHICLE WITH LICENSE PLATE (FBF 2102X) HAD COLLIDED TO THE REAR PORTION OF MY VEHICLE, AND WHICH HE WAS SUBMITTING TO EXCHANGING HIS PARTICULAR WITH ME.
I HAVE A RECORDED IN-CAR CAMERA FOOTAGE THAT INDICATE THAT I HAD COME TO A STOP AT THE GIVEWAY LINE TO GIVE WAY TO ON-GOING VEHICLES.
VEHICLE A - SLD 9646P
VEHICLE B - FBF 2102X

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.:



NOTICE OF COMPLIANCE

This is to confirm that Lim Sin Huat, NRIC: S1347016B, HP: 97837722, who was driving vehicle registration SLD9646P, has reported to the police a non-injury traffic accident which occurred along Clementi ave 2 towards West Coast road junction. On 05/8/2018 at about 0935hrs, involving his vehicle SLD9646P. The other Vehicle involved is **FBF2102X** (Unknown Driver particulars). No one was injured and No government property was damaged.

He / ~~She~~ has therefore complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Date: Vehicle 5/8/2018
S/D Ref: 39

Name of Issuing Officer: Sgt Ong Rong Hao
Police Post/Unit: Jurong Division / Nanyang NPC



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

