

### 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	20/08/2018 17:48
Date Of Accident	17/08/2018 16:00
Exact Location Of Accident	ORCHARD TURN NEAR TAKASHIMAYA
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8577U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM WEI KEONG
NRIC No	S9476913B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90185017
Alternative Phone No	OFFICE-90185017

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBR 150R M
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	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5101539329
Cover Note Number	

#### Driver

Name of Driver	LIM WEI KEONG
NRIC No	S9476913B
Date Of Birth	18/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/06/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90185017
Fax Number	
Contact Number	OFFICE-90185017
EEmail Address	NOEMAIL

Address: BLK 687B WOODLANDS DRIVE 75  
 #09-29 SINGAPORE  
 Postcode: 732687  
 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: COLLISION - CROSS JUNCTION  
 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? 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): 1

**Details of Police Action**

Was the accident reported to the police? YES  
 If Yes, Please state which Police Station  
 Police Station Name: WOODLANDS EAST N.P.C  
 Police Station Address: ROAD: 3 WOODLANDS DRIVE 63, POSTCODE: 737890, COUNTRY: SINGAPORE  
 Police Station Contact: TEL NO: - FAX NO:  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

**Circumstances of Accident**

REFER TO ATTACHED

**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: SH7434T  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category: TAXI  
 Name of Driver: SIM CHENG CHYE  
 NRIC/Passport Number: S1376712B  
 Contact Number: 91889568  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage

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.

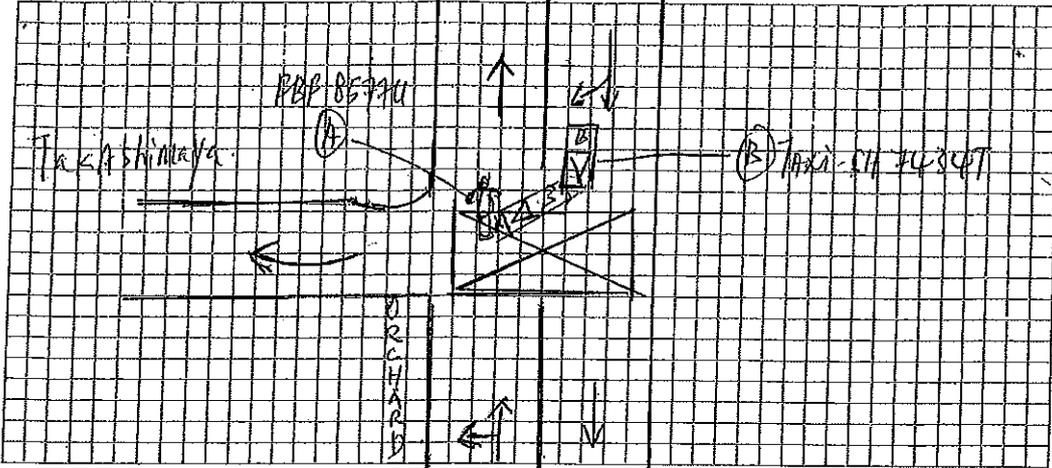
  
 \_\_\_\_\_  
 Policyholder's Signature  
 Date & Time: X

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police Report no: T/20180918/2015  
attached.

DECLARATION

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

  
Policyholder's Signature

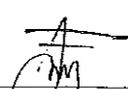
Date & Time:

X

  
Driver's Signature  
(If driver is not the policyholder)

Date & Time:

X

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: