

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 16:28
Date Of Accident	19/08/2018 22:10
Exact Location Of Accident	JB (MSIA) IMMIGRATION CHECKPOINT TWDS SINGAPORE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1586X
Insured/Policyholder	
Name Of Registered Owner	LIM HWEE KIAT
NRIC No	S1718749Z
Email Address	VICTOR@NICAM.COM.SG
Mobile Phone No	(LOCAL) +65-96921821
Alternative Phone No	OTHERS-96921821

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5 HYBRID X CVT ABS D/AIRBAG 2W
Exact Purpose for which vehicle was being used at time of accident	PTE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3103171701
Cover Note Number	20/10/2017 - 19/10/2018

Driver

Name of Driver	LIM HWEE KIAT
NRIC No	S1718749Z
Date Of Birth	10/05/1965
Occupation	INDOOR
Date Of Driving Pass	25/07/1985
Driving Experience	33 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96921821
Fax Number	
Contact Number	OTHERS-96921821
E Mail Address	VICTOR@NICAM.COM.SG

Address	BLK 532 ANG MO KIO AVE 10 #01-2485
Postcode	560532
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 - 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	
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)	2
Passenger 1	NAME: : RICHARD TAN
	GENDER: : MALE

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
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB5318X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	JEREMY TAN KIM HAI
NRIC/Passport Number	S1267206C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLE8459P
Vehicle Make/Model/Colour	WHITE HYUNDAI SUV
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	INDIAN MALE DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SJ771586X
INSURER : China
DATE & TIME: 20/08/18 @ 2210

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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.

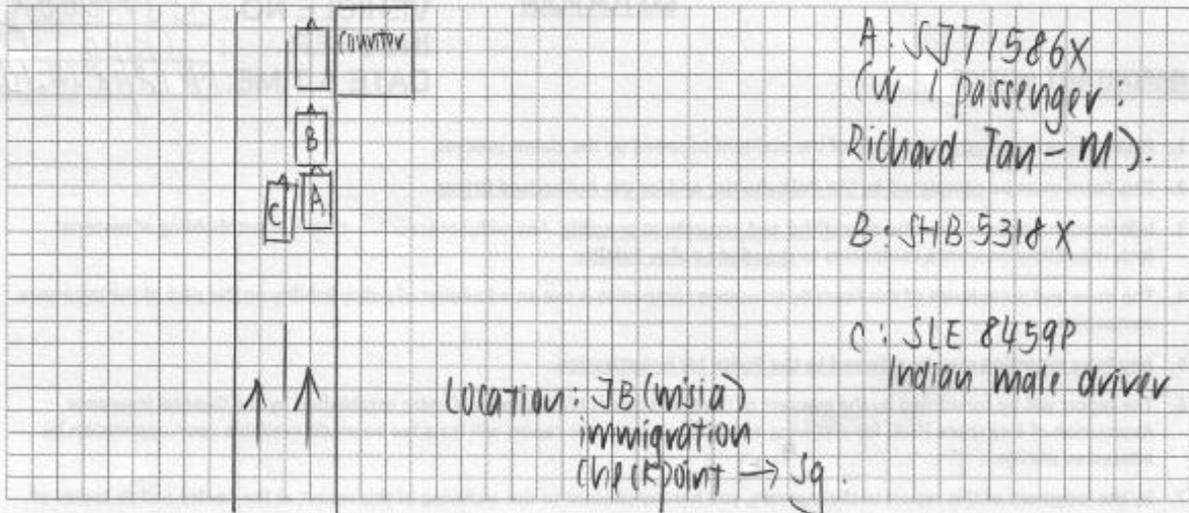
[Signature]
Policyholder's Signature
Date & Time:

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

[Signature]
Reporting Centre Personnel's Signature
Name: Dorlyn CAWK
NRIC/FIN No.: 20/08/18

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SJT1586X (China)
 Date & Time: 19/08/18 @ 2210 (clear day)

Vehicle SLE 8459P had cut in forcefully from the left and due to concentration was on his car, had lost concentration on the front and accidentally tap onto the rear of SHB 5318X.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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.: _____

GIARMC SketchPlanForm_V3 () Claim Own Policy () Claim Third Party Reporting Only () Claim OD/TP at other workshop ()

Sketch Plan #3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1718749Z



Name
LIM HWEE KIAT

Race
CHINESE

Date of Birth
10-05-1965

Sex
M

Country of birth
SINGAPORE

S1718749Z

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1718749Z

Name
LIM HWEE KIAT

Birth Date
10 May 1965

Issue Date
25 Jun 2003

000598525G

4781606



MNC No S1718749Z



Date of Issue
10-11-2011

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASSIFICATION	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	25 Jul 1985

NP 428A

License No: S1718749Z



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO



SCENE PHOTO

