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 liability.
- 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.	cent to the dronwing of this report at the control and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	07/11/2018 18:58
Date Of Accident	07/11/2018 15:30
Exact Location Of Accident	BLK 156 BUKIT BATOK STREET 11 CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMD7775B
Insured/Policyholder	
Name Of Registered Owner	LIM CHUI WAN
NRIC No	S7283849A
Email Address	LEONGTIANSON@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92214254
Alternative Phone No	OTHERS-92214254
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	PICNIC
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

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104150955

Cover Note Number

Driver

Name of Driver

LIM CHUI WAN

NRIC No

S7283849A

Date Of Birth

Occupation

INDOOR

Date Of Driving Pass

LIM CHUI WAN

S7283849A

D5/08/1972

INDOOR

29/11/2007

Driving Experience 10 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-92214254

Fax Number

Contact Number OTHERS-92214254

EMail Address LEONGTIANSON@YAHOO.COM

Address BLK 186 WESTWOOD AVENUE

#09-15

Postcode 648148

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 SIDE SWIPE
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?

Was any injured conveyed to hospital by

ambulance?

Passenger 1

NO

NO

2

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)

-NAME: : HUSBAND

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE

ROAD: 21 BUKIT BATOK EAST AVE 4, POSTCODE: 659840, COUNTRY:

Police Station Address SINGAPORE

Police Station Contact **TEL NO**: 1800-6659999 - **FAX NO**: 66655793

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE NOTICE OF REPORTING (TYPE OF COLLISION IS HEAD TO SIDE)

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 XB7094C
Vehicle Make/Model/Colour LORRY

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

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

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.
- 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 liability.
- 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.
- The 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.
- 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 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:
 - 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:
 - 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

NRIC/FIN N

Accident Sketch Plan

SKETCH PLAN BUC	- 156 BUKIT BATOK STRUKT 11 CARPARK
	GABINEWARY A) SYND 7775B B) XB 7694C A B) XB 7694C
DESCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
	Post of Rules
DECLARATION I/We declar® the foregoing p	articulars are true in every respect.
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Name: Reporting Centre Personnel's Signature (If driver is not the policyholder)

POLICE NOTICE OF REPORT

Annex D

NOTICE OF REPORTING

This is to confirm that <u>Lim Chui Wan</u>, NRIC/FIN: <u>S7283849A</u>, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more then 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 07/11/2018 at about 1530 hrs at Blk 156 Bukit Batok Street 11 Carpark. Whereby XB 7094C had collided onto my vehicle SMD7775B. V1 was moving out of the carpark when I saw V2 was moving towards me. I horned to alert the driver but he did not hear anything thus collided onto my vehicle. We exchanged particulars. The said driver said he heard the horn but could not see my vehicle (V1)

Involving the following vehicles:

V1) SMD7775B driven by <u>Lim Chui Wan</u>, NRIC/FIN: <u>S7283849A</u> HP: 92214254

V2) XB 7094C driven by Ailani Bin Bujor NRIC/FIN: S1695048C

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Muhammad Hanis

Date: 07/11/2018 Time: 1600 hrs

S/D Ref: 95

Police Post/Unit: Bukit Batok NPC

Page 6 of 16

MO. 21 TRUNT HATOK I LIST AVE -



















Addendum Sheet



CHARLES N. STREET, ST. C.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

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

ADDENDUM

			HEAMENDME				
	Original Report No	: Mugus 4	4223	Vehicle !	Registration N	:SMD 777	5B
	Nametas shownin NRIC	1 ms other	Wow	NRIC/FII	V/Passport No	. 572838	498
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate						
	Address	ŧ				Singapor	e(
	Contact (Tel)	:		Mobile	No.: 9221	4254	
	Email Address	:				1.	
	Date of Accident	· orlubors		Time of	Accident:	15:30	
	Place of Accident		BUKIT !	BATOK &		CHRPORK	
	Insurance Compan	10.10					
)		RMATION / AMEN	IDMENTS:				
	make the following	ort on the above me	entioned accid	dent and would	like to includ	e additional line	Till delicit of
		K NUMBER	70 XB7	094C			
			70 XB7	0940			
			70 XB7	0940			
			70 XB7	0940			
			70 XB7	0940			
			70 XB7	0940			
			70 XB7	0940	2./	/-	