

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 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.

ACCIDENT STATEMENT

Date Of Report	12/11/2018 09:45
Date Of Accident	10/11/2018 08:30
Exact Location Of Accident	ALONG TELOK BLANGAH DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GY1730E
Insured/Policyholder	
Name Of Registered Owner	LIM CHEK HOCK
NRIC No	S0973788Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98761958
Alternative Phone No	OTHERS-98761958

Vehicle Particulars

Manufacturer	TOYOTA
Model	LITEACE
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	REPORTING ONLY
Vehicle Category	GOODS VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5004162739-13
Cover Note Number	

Driver

Name of Driver	LIM CHEK HOCK
NRIC No	S0973788Z
Date Of Birth	25/08/1945
Occupation	INDOOR
Date Of Driving Pass	09/04/1965
Driving Experience	53 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98761958
Fax Number	
Contact Number	OTHERS-98761958
Email Address	NOEMAIL

Address	BLK 77 TELOK BLANGAH DRIVE 14-240
Postcode	100077
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	DRIZZLING
Road Surface	WET

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: : WIFE 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 THE 10-11-2018 AT ABOUT 08:30HRS I WAS AT THE TELOK BLANGAH ROAD AND HAD TURN RIGHT TO HENDERSON ROAD AND THEN PROCIDE TO TURN LEFT INTO TELOK BLANGAH DRIVE AND WAS AT THE LEFT MOST LANE OF 2 LANE ROAD. SUDDENLY I FELT A BUMP ON MY RIGHT AND I CAME DOWN SAW A CAR SKP1488E WHICH WAS ON THE RIGHT WANTED TO SWITCH LANE BUT HIT THE REAR RIGHT OF MY VAN GY1730E. THE DAMAGE OF THE CAR WAS ON THE LEFT FRONT FENDER THAT ALL.

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	SKP1488E
Vehicle Make/Model/Colour	KIA CERATO FORTE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LUO GUOLIANG
NRIC/Passport Number	S8426279Z
Contact Number	91708646
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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:

12/4/2018
Reporting Centre Personnel's Signature
Name: *Rashid*
NRIC/FIN No.: *AB*

Accident Sketch Plan

Sketch Plan #2

SKETCH PLAN

A) GY1730E
B) SKP1482E



ALONG TILKOR BAKAUGRA
DRIVE


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO STATEMENT

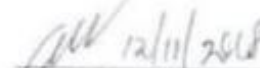
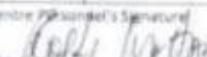
[A large rectangular area with horizontal lines for writing, containing a large, loopy handwritten mark that spans across the lines.]

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 / Witness's Signature
Name: 
NRIC/IN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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: S665500200 / 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

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : M00418145828 Vehicle Registration No: GY1780E
Name(as shown in NRIC) : Lim Chue Hock NRIC/FIN/Passport No : S0973288Z
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No.: 98761958
Email Address : _____
Date of Accident : 10/6/2018 Time of Accident : 08:30
Place of Accident : ALONG TALK BLANCHARD DRIVE
Insurance Company: NINE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ① ACCIDENT LOCATION SHOULD BE TALK BLANCHARD DRIVE
- ② UPLOAD NEW PHOTO
- ③ ACCIDENT STATEMENT CORRECT

Lim Chue Hock
Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: 29/6/2018