SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

The second secon	ACCIDENT STATEMENT
Date Of Report	20/11/2018 14:42
Date Of Accident	19/11/2018 17:05
Exact Location Of Accident	
	DUNEARN ROAD
Country/State of Loss	SINGAPORE ETAILS OF OWN VEHICLE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM1424S
Insured/Policyholder	
Name Of Registered Owner	LIM PECH HWA BERENICE
	S6835328I
	YCPHLEONG@GMAIL.COM
	(LOCAL) +65-96518593
	OFFICE-96518593
Vehicle Particulars	
Manufacturer	OPEL
Model	ASTRA-999CC HB (A)
Exact Purpose for which vehicle was being used at ime of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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
Fleet Policy	NO
Policy Number	5095152663-01
Cover Note Number	
Driver	
Name of Driver	LIM PECH HWA BERENICE
NRIC No	\$68353281
Date Of Birth	28/09/1968
Occupation	INDOOR
	28/01/1994
	24 YEARS AND 9 MONTHS
	FEMALE
	(LOCAL) +65-96518593
Fax Number	

YCPHLEONG@GMAIL.COM

Address BLK 48A DORSET ROAD #21-117

Postcode 211048

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 - CHANGE/CROSS LANE

Weather Conditions RAINING Road Surface WET

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?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

4 Passenger 1

NAME: : NA

> GENDER: : MALE

YES

NO

Passenger 2

NAME: : NA

GENDER: : MALE

Passenger 3

NAME: : NA

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

AS PER STATEMENT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL180G Vehicle Make/Model/Colour **MERCEDES**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver WAN CHEE KIONG EDMUND

NRIC/Passport Number S0237325D Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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- 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. 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) w ho have insured vehicle(s) involved in this accident (all insurer(s) w ho have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to (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
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.
- (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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

TOMO 10504402H Policyholder's Signature / Date & Driver's Signature (If driver is not the policyholder) / Date Time Witnessed by Reporting Centre Sketch Plan A: SJM 14245 Personnel B = SJL 180G mercedes

Describe Circumstances of the Accident

On 19 November 2018 at about 5.05pm, I was travelling along Dunearn Road at the right most lane, after just making a U-turn from Bukit Timah Road.

I travelled slowly along the right most lane of the Dunearn Road. I turned on my left direction signal to indicate my intention to keep left as my destination is the King Albert Downtown MRT line. After I switched on my signal, I checked my side mirror and rear mirror for any oncoming traffic; and I changed my lane when I saw the lane was clear. However, after I have entered into the left lane, a dark blue car came from the right side of the road at a high speed. It crossed the double white line, encroached into my lane from behind, and came up from behind my vehicle to hit my vehicle on the front left side of the vehicle (see the video downloaded and the photos attached). As it was travelling at a faster speed than I were, it speeded ahead of me. I felt the impact and have wanted to stop at the point in time to check but the driver kept moving ahead. I followed the driver quickly who finally drove to the left most lane and stopped near to the entrance at the Gardenvista Condominium.

The driver's detail is as below.

Mr Wan Chee Kiong Edmund

Licensed nos: S0237325D

Vehicle Nos: SJL180G

I have attached the photos showing the damage to my car and the other cars.

Ve declare the foregoing particulars are true in every respect.

ltha 20/11/2018

licyholder's Signature / Date &

ne ne

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel