

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	03/12/2018 17:35
Date Of Accident	30/11/2018 18:55
Exact Location Of Accident	JUNC BEACH RD & JAVA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX4565R
Insured/Policyholder	
Name Of Registered Owner	LOH YAN LING
NRIC No	S9049204G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83393391
Alternative Phone No	OFFICE-83393391

Vehicle Particulars

Manufacturer	BMW
Model	318I 2.0 AT D/AB 2WD 4DR GAS/D SR DRL
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
Fleet Policy	NO
Policy Number	5103628098
Cover Note Number	

Driver

Name of Driver	LOH YAN LING
NRIC No	S9049204G
Date Of Birth	15/12/1990
Occupation	INDOOR
Date Of Driving Pass	19/05/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-83393391
Fax Number	
Contact Number	OFFICE-83393391
EEmail Address	NOEMAIL

Address	BLK 93 YISHUN STREET 81 #06-04
Postcode	768451
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	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)	2
Passenger 1	NAME: : TEOH ZI WEI 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

REFER TO STATEMENT.

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	WC7231R
Vehicle Make/Model/Colour	
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)	

DETAILS OF INJURED PERSON 1

Name	LOH YAN LING
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX4565R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	TEOH ZI WEI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SJX4565R
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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7. 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 if/where.
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:

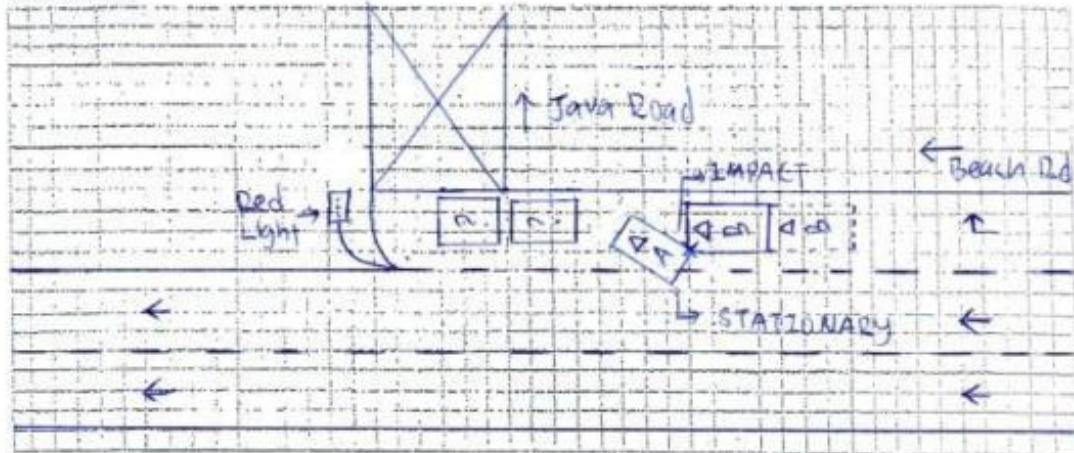
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

veh A: SJX4565R

veh B: WC7231R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time and date,
I was driving my car (Veh A: SJX4565R) on lane 2 along Beach Rd. It was red light and there were 2 cars stopping at lane 1. With the intentions to turn right into Java Rd, I changed lane to lane 1 behind the above mentioned 2 cars as that was the only lane to turn right. My car was positioned 3/4 into lane 1 and I stopped as there were insufficient space for me to proceed to lane 1 fully. I was parked stationary while I felt an impact on my rear. I spoke to the driver and he mentioned that I was at his blind spot. I wish to state that my vehicle was stationary and my turning right signal was on while veh B collided onto me. Quite some time

DECLARATION

(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 Person's Signature
Name:
NRIC/PIN No.:

Medical Cert



Mount Alvernia Hospital
Medical Certificate

24-Hour Walk-in Clinic and
Emergency Department
No. M1800001252

This is to certify that LOH YAN LING, S9049204G, is granted Outpatient Sick Leave for 2 day(s) from 01-Dec-2018 to 02-Dec-2018
Remark

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Loh Yan Ling
M20-112448

24-HOUR WALK-IN CLINIC
MOUNT ALVERNIA HOSPITAL
100, QUEENSTOWN ROAD
SINGAPORE 130025

01/12/2018

Date

Scanned with CamScanner

Medical Cert




Mount Alvernia Hospital
Medical Certificate

24 Hour Walk-in Clinic and
Emergency Department
No. M160001251

This is to certify that TEOH ZI WEI, S9538830B, is granted Outpatient Sick Leave for 1 day(s) from 01-Dec-2018 to 01-Dec-2018.
Remark:

This medical certificate is not valid for absence from Court or judicial proceeding unless specifically stated.


Dr. Nikhil Gadhani
MCR 105029

A&T HUGHES CLINIC
Mount Alvernia Hospital
520 Leinster Road
Singapore 117674
Tel: 63417114

01/12/2018

Date

Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

