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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.

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	ACCIDENT STATEMENT
Date Of Report	14/01/2019 15:00
Date Of Accident	14/01/2019 08:10
Exact Location Of Accident	25 FLORA RD ESTELLA GARDENS CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH2471A
Insured/Policyholder	
Name Of Registered Owner	LIM KHEE CHUAN
NRIC No	S7108444B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97578263
Alternative Phone No	OFFICE-97578263
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM
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	5085832823-01
Cover Note Number	#28
Driver	
Name of Driver	LIM KHEE CHUAN
NRIC No	S7108444B
Date Of Birth	07/03/1971
Occupation	INDOOR
Date Of Driving Pass	16/04/1992
Driving Experience	26 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97578263
Fax Number	resistant transfer automotive (Commission
Contact Number	OFFICE-97578263
T	

NOEMAIL

Address 25 FLORA RD #01-02

Postcode 509740

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 - MAJOR/MINOR RD

Weather Conditions CLEAR Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident? YES Was any injured conveyed to hospital by

NO ambulance?

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)

3

Passenger 1

NAME: : JANE NEO LING EN

GENDER: : FEMALE

Passenger 2

NAME:

: EUGENE LIM JUN HAO

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

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLQ9741D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

JANE NEO LING EN

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJH2471A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name

EUGENE LIM JUN HAO

Approximate Age

Injuries Sustain

NECK

Injured person in which vehicle?

SJH2471A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

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 <u>truthful and accurage as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>regulate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any felse 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 aforesald.
- 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)
 - 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.
- 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:

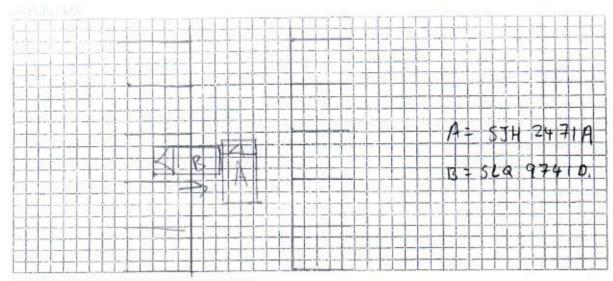
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

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place and submit this form to the individual insurance authorised reporting centre. ase report correctly on the details of the accident to speed up the cialm process.

his form must be filled up by the policy holder and/or authorised driver.
Information provided must be as fruitful 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. Any false reporting may be referred to the traffic police department for investigation.

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	S TO SECURITION OF THE SECURIT	THIRD PARTY VEHICLE 7
	Vehicle registration number	
Vehicle make model	Vehicle make model	
Name Name		
	NRIC / Fin / Passport number	

Contact

	INJURED RERSON 1
Mamg	Jane neo ling en
Injuries sustained	NACIC LEAGE
Which vehicle person in?	S5H2431A
Were seat belts wom?	Yes a- No a
Was injured conveyed to hospital by ambulance?	Yes D No e

Washington and the same	INJURED PERSON 2
Name	Eugene Ling Jun Mao
Injuries sustained	Nuck
Which vehicle person in?	S5H2471A
Were seat belts wom?	Yes or No o
Was injured conveyed to hospital by ambulance?	Yes D No to

I

Section 19 and 1	INJURED PERSON 3
Mame	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes 🗆 No 🗆

WHITE SHAPE OF BUILDING	14 F 19 19	INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

ASSESSIBLE ALTONOMICS	INJURED PERSON 5
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes 🗆 No 🗆
Was injured conveyed to hospital by ambulance?	Yes D No D

OF THE PARTY OF TH		INJURED PERSON 6	A CONTRACTOR OF THE
Name			
Injuries sustained			
Which vehicle person in?			(#2)
Were seat belts worn?	Yes 🗆	No 🗆	
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆	15



Marria

LIM KHEE CHUAN (LIN QIQUAN)

Race CHINESE Date of birth

07-03-1971 Country/Place of bitth

SINGAPORE











Date of Issue 18-09-2014 25 FLORA ROAD #01-02 SINGAPORE 509740 NRIC No: \$71084448 Date: 05/09/2015



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

MASS DATE

Class 3 Motor Cars and Motor Tractors the weight of servich unladen does not exceed 2500 kilograms

eBao Tech										Genera	alClaim
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Notice of Loss	Policy I	No.				Date	of Accident		14/01/2019	14:57	
	Vehicle No.(For Motor)		SJH247	SJH2471A		Certificate Number		1			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	3	5085832823- 01		CHUAN	S7108444B	GPC	drivo CLASSIC	SJH2471A	SJH2471A	30/07/2018	29/07/2019
					Γ	Continue	1				

1/14/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1027743 5085832823-01 Vehicle No. GST Registration No. SJH2471A Certificate No. Policyholder Name LIM KHEE CHUAN Policyholder NRIC 57108-Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading Contact No.(Mobile) 97578263 Contact No.(Office) Contact No.(Home) Email Address Special Remark No * No Yes TCA No Yes eCode Reason NCD Protection NCD Entitlement(%) 50 Private Hire Accident Details Report Date 14/01/2019 19:20 Accident Report Within 24 hrs Accident Type Date of Accident 14/01/2019 Time of Accident hh:mm 08:10 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location 25 FLORA RD ESTELLA GARDENS CARPARK ₩ Excess Own damage Excess 600.00 Additional Excess 0 Windscreen Excess 100.00 Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600.00 Third Party Excess 0.00 Outside Singapore TP Excess 0.00 **▽** Benefits GST Registered GST Registration Date No GST Registration No. **GST Status Verified** Modification History Address 1 25 FLORA ROAD Address 2 #01-02 ESTELLA GARDENS Address 3 SINGA Address 4 Address Type Singapore address Post Code 509741 5085832823-01 Unit No. Related Policy Number ♥ OI Driver Info LIM KHEE CHUAN Driver Name Driver Type Main Driver Unnamed driver Name Driver NRIC 571084448 Driver DOB 07/03/ Register Date of Driver License 01/04/2003 Driver Age Driving Experience 15 Contact No. (Mobile) 97578263 Contact No.(Office) Contact No.(Home) Address 1 25 FLORA ROAD Address 2 #01-02 ESTELLA GARDENS Address 3 SINGA Address 4 Address Type Singapore address Post Code 509740 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test Reading? 0 mg Any injury? * Yes No Modification History Claim 001 New

Claim Type *		OD-MX	Name LIM KHEE CHUAN
Contact No.(Mobile)		97578263	Contact No. 66995428 (Home)
Email Address		glimkc@gmail.com	OI Vehicle Number
Claim Description		S3H2471A / SLQ9741D Of	V 14 Jan 2019
Preferred Workshop Sensures No. Finalisation Ves	Preference Preference Repair Prefered Workshop, Name unknown GIA report Received	•	92000
Date Registered	Option	14/01/2019 19:22	Close Date
Report Taken By		LIEW SHAN HUI	
Print AK letter			

Save Submit

001

Attachment

Accident No. MT/1027743 Claim No.

Upload Date Last Doc, Received * Yes No Path • Category • Confidential Urgency * ▼ Normal * NO Choose File No file chosen Clear * NO ▼ Normal Choose File No file chosen Clear Please Select Choose File No file chosen * NO * Normal . Clear Please Select ▼ NO • Choose File No file chosen * Normal Clear Please Select • * NO Choose File No file chosen ▼ Normal Clear Please Select * NO Choose File No file chosen ▼ Normal . Clear Please Select

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Attachment	Upl	oaded By/Date	Category	9	Urgency	Description
W2	NAC_PAYA_UBI_800601(NATI	ONAL ASSESSMENT CENTRE SERVICES) o an 2019 19:24	NRIC/ Driving License		Normal	NRIC/ Driving License 2019-1-14
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8	NAC_PAYA_UBI_B00601(NATION 14 J	ONAL ASSESSMENT CENTRE SERVICES) o an 2019 19:23	Photos		Normal	Photos 2019-1-14
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		ONAL ASSESSMENT CENTRE SERVICES) a an 2019 19:22	Photos		Normal	Photos 2019-1-14
	NAC_PAYA_UBI_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) o an 2019 19:22	Photos		Normal	Photos 2019-1-14
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		DNAL ASSESSMENT CENTRE SERVICES) o an 2019 19:22	Photos		Normal	Photos 2019-1-14
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		ONAL ASSESSMENT CENTRE SERVICES) o an 2019 19:22	Photos		Normal	Photos 2019-1-14
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	Uploaded By/Date	Folder Date		File Name		Source

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