

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	08/02/2019 17:02
Date Of Accident	07/02/2019 08:30
Exact Location Of Accident	AYER RAJAH HAWKER CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD7480L
Insured/Policyholder	
Name Of Registered Owner	LAM YEE NGON
NRIC No	S2672142C
Email Address	DJOANNAFAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90292286
Alternative Phone No	OFFICE-90292286

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE-1.5 M (A)
Exact Purpose for which vehicle was being used at time of accident	BREAKFAST
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN3088771600
Cover Note Number	

Driver

Name of Driver	LAM YEE NGON
NRIC No	S2672142C
Date Of Birth	24/09/1967
Occupation	INDOOR
Date Of Driving Pass	07/02/2004
Driving Experience	15 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90292286
Fax Number	
Contact Number	OFFICE-90292286
EEmail Address	DJOANNAFAM@GMAIL.COM

Address	BLK 489C CHOA CHU KANG AVENUE 5 #14-229
Postcode	683489
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 (including own vehicle) involved in the accident	2
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)	3
Passenger 1	NAME: : JOANNA FAM GENDER: : FEMALE
Passenger 2	NAME: : JUSTINE FAM 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

PLEASE REFER TO SKETCH PLAN (DURING THE IMPACT MY HAND PUSH ON THE RADIO AREA)

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	SLH1532R
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIMMY
NRIC/Passport Number	
Contact Number	97354270
Address	
Postcode	

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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number GBE2556A
Vehicle Make/Model/Colour TOYOTA
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver FRANCIS
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

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 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:
- (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.

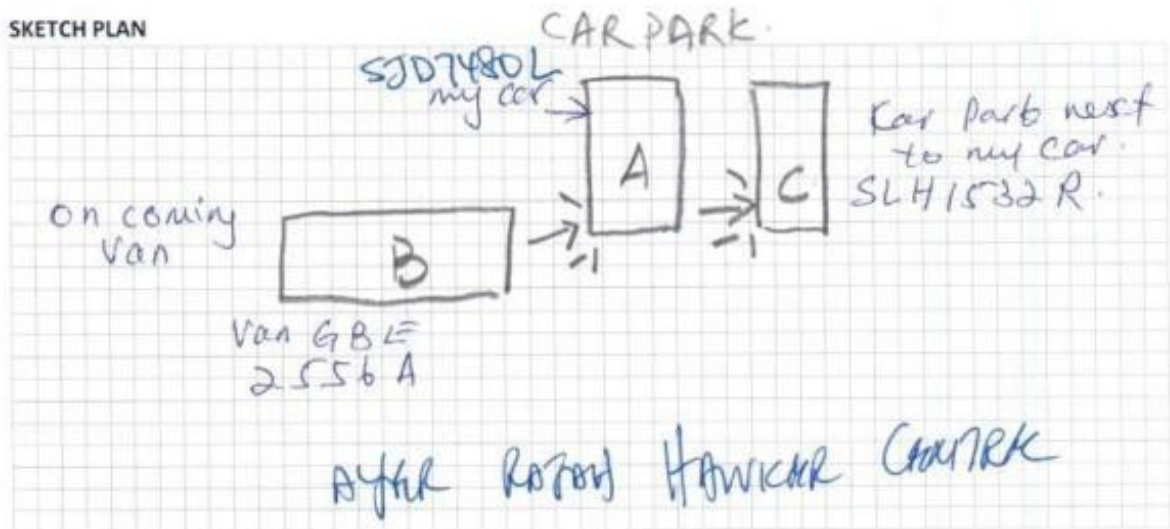

7/2/19 1400hrs.
Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked at Ayer Rajah Hawker Car park.

When my car (A) was driving out from my parking Lot, Car B suddenly approached at high speed and knock on my right side.

The impact is hard and caused my car to hit the adjacent car parked next to my car (Car C).

Both parties Car B and Car C want to claim against me.

No one was injured in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

1400 hrs. 7/2/19

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

28/01/2019

Reporting Centre Personnel's Signature

Name: Rashid Hassan

NRIC/FIN No.:


ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2672142C



Name
LAM YEE NGON
林汝安
Race
CHINESE
Date of Birth
24-09-1967 Sex
M
Country of Birth
MALAYSIA

REPUBLIC OF SINGAPORE DRIVING LICENCE
S2672142C



Name
LAM YEE NGON
Birth Date
24 Sep 1967
Issue Date
07 Feb 2004

001168063E

8246688



NRIC No. S2672142C

Nationality
MALAYSIAN
Issue Date
19-06-1997

APT BLK 489C CHOA CHU KANG AVENUE 5 #14-229
SINGAPORE 883489
NRIC No. S2672142C Date: 24/08/2016

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 1B Motorcycles not exceeding 200 cc. 07 Feb 2004
Class 2 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms. 07 Feb 2004

NP 4203

001168063E

Licence No. S2672142C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



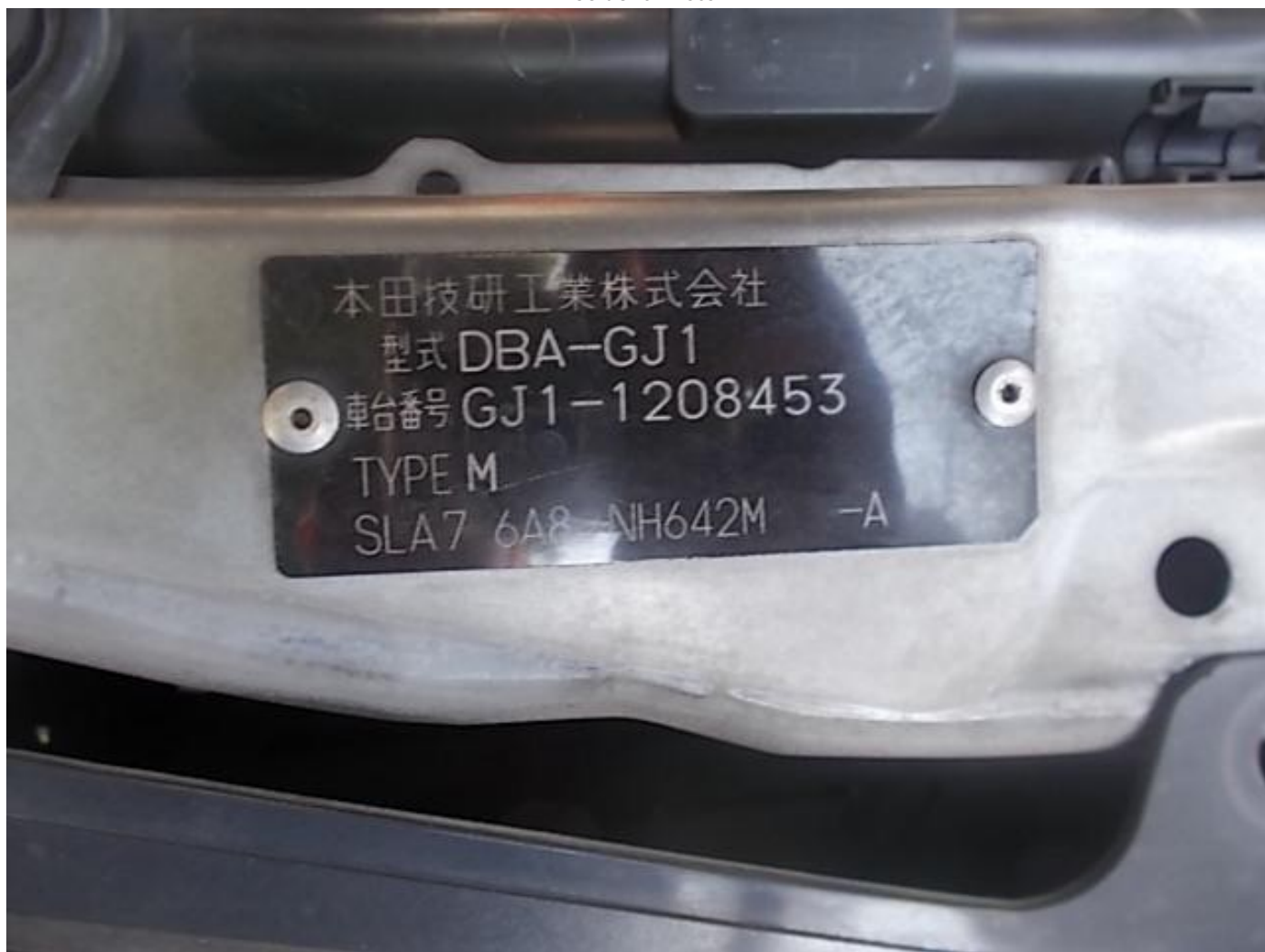
Accident Photo



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 : MAV1901174 Vehicle Registration No: SJD7480L
Name (as shown in NRIC) : Lim Yee Ngan NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 9029 7286
Email Address : _____
Date of Accident : 07/01/2019 Time of Accident : 08:30
Place of Accident : AYER RATAH - HAWKER CENTRE
Insurance Company : CHINA TOWNSHIP

(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 DASHBOARD FRAME CRACK
- ② AIRCON LEVER VERY STIFF

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rochi Victor
NRIC/FIN No.: 19/02/2019
Date:

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: M400017733

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 : MIA41901774-01 Vehicle Registration No: SJD7480L
Name (as shown in NRIC) : Lim Yik Ngan NRIC/FIN/Passport No : S267142c
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90292286
Email Address : _____
Date of Accident : 07/08/2019 Time of Accident : 0830
Place of Accident : AYER RASDA HAWKER CANTEEN
Insurance Company : Chuan Insurance

(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:

DURING THE IMPACT MY HAND PUSH ON THE RADIO OPRA

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Keck Loo
NRIC/FIN No.: U00003
Date: