

## 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	13/02/2019 13:45
Date Of Accident	12/02/2019 17:40
Exact Location Of Accident	EXIT OF 53 PAYA UBI INDUSTRIAL PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKM2475B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FIRST HIACE (S) PTE LTD
Co Reg No	200810030D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81390855
Alternative Phone No	OFFICE-83833911
<b>Vehicle Particulars</b>	
Manufacturer	NISSAN
Model	SYLPHY 1.6 CVT
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	50096399777-01
Cover Note Number	12/02/2019 - 11/02/2020
<b>Driver</b>	
Name of Driver	LIM CHAY CHOO
NRIC No	S7203190C
Date Of Birth	31/01/1972
Occupation	INDOOR
Date Of Driving Pass	18/08/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81390855
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 673 HOUGANG AVENUE 8
	#05-669
Postcode	530673
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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 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)	1

#### 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 STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT AT THE MAIN SERVICE ROAD TO EXIT FROM 53 PAYA UBI INDUSTRIAL PARK, SUDDENLY THERE WAS A VEHICLE B (SMF1994P) CAME OUT FROM THE MINOR ROAD OUT OF SUDDEN AND COLLIDED INTO THE RIGHT SIDE OF MY VEHICLE. AFTER THE COLLISION WE BOTH CAME OUT FROM OUR CAR AND THE DRIVER OF VEHICLE B (SMF1994P) MENTIONED THAT HE NEVER SEE MY CAR AS THERE WAS A VAN PARKED AT THE SIDE OF THE JUNCTION WHICH BLOCKED HIS VIEW AND THEREFORE COLLIDED INTO MY CAR. I WOULD LIKE TO STATE THAT I HAD SUFFERED PAIN ON MY RIGHT HAND AND SHOULDER IMMEDIATELY AFTER THE ACCIDENT DUE TO THE IMPACT.

#### 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	SMF1994P
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FARHAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	LIM CHAY CHOO
Approximate Age	
Injuries Sustain	RIGHT HAND AND SHOULDER
Injured person in which vehicle?	SKM2475B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 673 HOUGANG AVENUE 8 #05-669
Postcode	530673

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

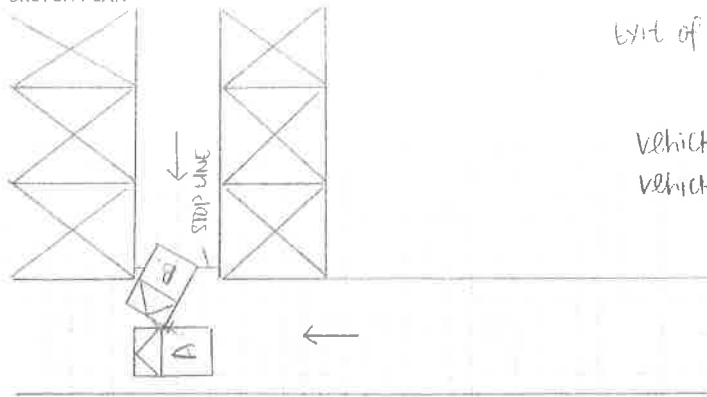
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

SKETCH PLAN



Exit of 53 Paya Ubi Industrial Park

Vehicle A: 8KM24/KB

Vehicle B:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIN Report

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD/TP at other workshop

DECLARATION

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



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*



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