

## 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	18/02/2019 13:08
Date Of Accident	18/02/2019 07:00
Exact Location Of Accident	LORONG AH SOO
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGF1026E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SENG SANG
NRIC No	S0177696G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82698603
Alternative Phone No	OFFICE-82698603

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	MATRIX FL A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5048707085-07
Cover Note Number	

### Driver

Name of Driver	LIM SENG SANG
NRIC No	S0177696G
Date Of Birth	01/02/1954
Occupation	OUTDOOR
Date Of Driving Pass	29/01/1975
Driving Experience	44 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82698603
Fax Number	
Contact Number	OFFICE-82698603
EEmail Address	NOEMAIL

Address	BLOCK 168 HOUGANG AVENUE 1 #06-1405
Postcode	530168
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 (including own vehicle) 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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : PASSENGER GENDER: : MALE
Passenger 2	NAME: : PASSENGER GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 18.02.2019 at about 0700 hrs, I was driving my vehicle (A: SGF1026E) all along the right lane of Lorong Ah Soo. The traffic on the left lane was massive as there was a queue to turn into the Paya Lebar Methodist Girls' Secondary school. While passing by the bus stop in front of the school, I felt a sudden impact from my left and realized a yellow colour taxi (B: SHC164A) had cut into my lane from the left, hit and grazed onto the left portion of my vehicle. After the impact, I stopped my vehicle before the traffic light and walk over to the said taxi that behind me to exchange particular. However, the driver of the taxi refused to get down but wind down the window and rudely replied me "I'm not free". While I trying to write down his vehicle no, he shifted his taxi to the left lane and moved off directly. Vehicle A (SGF1026E): 2 male passengers on board. Vehicle B (SHC164A): Unknown passengers on board.

#### 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	SHC164A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### 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:

*PK 12/22*

*18-2-2019  
01:15 PM*

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

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

*[Signature]*

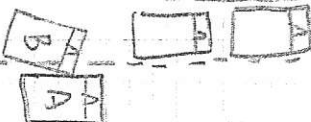
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### SKETCH PLAN

Paya Lebar Methodist  
Girls Secondary.

A: SGF1026E

B: 84C 164A



Loring Ah 300

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GMA Report.

## 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: *Cayman*  
NRIC/FIN No.: *1234567890*

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Annex E

NOTICE OF COMPLIANCE

This is to confirm that LIM SENG SANG, NRIC/FIN S0177696G, HP: 82698603 has reported to the Police a non-injury traffic accident

which occurred at HOUGANG AVENUE 1 TOWARDS LORONG AH SOO on 18/2/2019 at 0700 am/pm involving the following vehicles:

Informant: SGF1026E


Other party: SHC164A

- 2 If this accident was reported to the Police within 24 hours of its occurrence,  
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SGT LEE JIA YI

Date: 18/2/2019

Time: 1208hrs

  
HOUGANG NPC  
60 HOUGANG AVE 9  
SINGAPORE 538775  
TEL: 1800-4890999

S/D Ref: 49

Police Post/Unit: HOUGANG NEIGHBOURHOOD POLICE CENTRE

Original -- to be issued to informant  
Duplicate -- to be submitted to Traffic Police

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Version as of 15 Jan 2002