

## 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	07/03/2019 09:30
Date Of Accident	06/03/2019 19:05
Exact Location Of Accident	TPE TOWARDS PUNGGOL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX4433B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIU SI JIA
NRIC No	S8679066A
Email Address	SOOSIANG_ANG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-82006981
Alternative Phone No	OFFICE-82006981

### Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	PTE USED
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	5101999861
Cover Note Number	

### Driver

Name of Driver	ANG SOO SIANG
NRIC No	S8327591Z
Date Of Birth	05/09/1983
Occupation	INDOOR
Date Of Driving Pass	12/12/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91993900
Fax Number	
Contact Number	OFFICE-91993900
Email Address	SOOSIANG_ANG@YAHOO.COM.SG

Address	BLK 672D EDGEFIELD PLANS #09-585
Postcode	S824672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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)	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

PLEASE REFER TO SKETCH PLAN

#### 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	SJT2261B
Vehicle Make/Model/Colour	HONDA FREED 1.5 GA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	IRIS WONG LAI LING
NRIC/Passport Number	S2585863H
Contact Number	90294246
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	FRONT PORTION DAMAGES
No. Of Passenger (Including Driver)	1

## Sketch Plan

### SKETCH PLAN

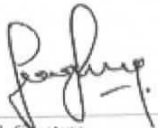
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

X  
Policyholder's Signature  
Date & Time:

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

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417883  
Tel: 67477397  
Email: laesheng@singnet.com.sg  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



① SKX4433B

② SJT2261B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG PIE FROM MY WORKPLACE IN CHANGI BUSINESS PARK AND ENTER INTO THE SLIPROAD (TPE) TOWARDS PUNGGOL. TRAFFIC WAS HEAVY AND SLOW MOVING AT THE SLIP ROAD AND THE VEHICLE IN FRONT EVENTUALLY CAUSE TO A STOP.

I NATURALLY STOPPED MY CAR AND ABOUT 3 TO 4 SECONDS LATER, I LOOKED AT THE REAR VIEW MIRROR AND SAW A VEHICLE APPROACHING AT A VERY FAST SPEED AND A SUBSEQUENTLY CRASHED ONTO THE REAR OF MY VEHICLE.

NO VISIBLE INJURIES WERE OBSERVED ON BOTH PARTIES.

## 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:

LEE SHENG AUTO PTE LTD  
1, Kaki Bukit Ave 6 #01-60  
Singapore 417303  
Tel: 6747 7337  
Email: leesheng@singnet.com.sg  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

I, IRIS WONG LAI LING OF NRIC  
S2585863H HAS GOTTEN INTO AN ACCIDENT  
WITH SKX 4433B ALONG THE ON WEDNESDAY,  
6TH MARCH AT 7.06 PM. MY VEHICLE,  
SJT 2261B, HONDA HAS COLLIDED INTO THE  
REAR OF SKX 4433B, BMW 520i.



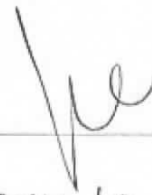
ANG SOO SIANG

S8327591Z

DRIVER OF 520i

[SKX 4433B]

MOBILE NUMBER: 9199 3400



IRIS WONG LAI LING

S2585863H

DRIVER OF HONDA

[SJT 2261B]

MOBILE NUMBER:

90294246