

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	16/03/2019 13:12
Date Of Accident	15/03/2019 18:45
Exact Location Of Accident	PIE TWDS KPE JUST B4 TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKB7068T
Insured/Policyholder	
Name Of Registered Owner	LIM-LING MU'EN MEGAN
NRIC No	S8509676A
Email Address	MEGANLINGMUEN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97617939
Alternative Phone No	OTHERS-97617939

Vehicle Particulars

Manufacturer	KIA
Model	FORTE
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?	YES
If No, Please state action to be taken	
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	5106749638
Cover Note Number	

Driver

Name of Driver	LIM-LING MU'EN MEGAN
NRIC No	S8509676A
Date Of Birth	12/03/1985
Occupation	INDOOR
Date Of Driving Pass	17/07/2010
Driving Experience	8 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97617939
Fax Number	
Contact Number	OTHERS-97617939
Email Address	MEGANLINGMUEN@GMAIL.COM

Address	BLK 471B UPP SERANGOON CRESCENT #16-368
Postcode	532471
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	CHAIN COLLISION
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	3
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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVEN'T RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKS7507D
Vehicle Make/Model/Colour	COROLLA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG MENG TONG
NRIC/Passport Number	S2170616G
Contact Number	97829067
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKS5599B
Vehicle Make/Model/Colour	HONDA VEZEL
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LAW BO SHENG(LIU BOSHENG)
NRIC/Passport Number	S8235599E
Contact Number	81330497
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

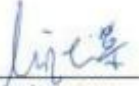
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

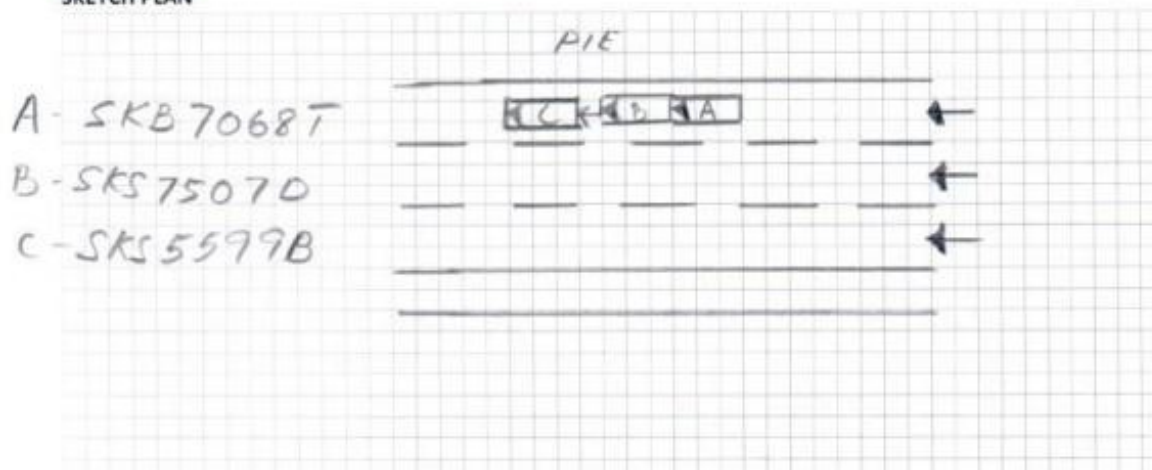

Policyholder's Signature
Date & Time: 16/3, 2.13pm.


Driver's Signature
(If driver is not the policyholder)
Date & Time: 16/3, 2.17pm.

 16/03/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Date of accident: 16 March, Friday.
Time (Estimated): 6.45 pm
Location: Along PIE, just before (≈ 100 m) Tua Payoh Exit, Towards KPE.
I was driving towards KPE on PIE - just before the Tuo Payoh exit, I wanted to change from Lane 1 to Lane 2. I checked I had ample space in front of me, not following the car in front of me too closely. I checked my left mirror for clearance, checked the front, checked for blind spot for clearance and checked the front one more time. When I looked in front of me, the car in front, SKS 7507D, had stopped and I was sliding towards it so I quickly jammed brake. I did not manage to stop in time, as there was too little weeway, and I crashed into SKS 7507D. When I got down the car, I saw that the impact from my car had caused SKS 7507D to also hit into SKS 7559 5599B, which was also stationary at that point in time. All three drivers agreed to report to insurance and exchanged the necessary details. After There were no injuries or damage to private properties. I later moved my car to Tuo Payoh sports Centre and contacted NTUE Orange for help. The tow came to tow my car the next morning afternoon, 16 March. Sent to IDAC at Kati Bukit ME 1.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 16/3, 2-13pm.


 Driver's Signature
 (if driver is not the policyholder)
 Date & Time: 16/3, 2-13pm.

 16/03/19
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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