SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report underlined 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 witholding 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	08/04/2019 15:58
Date Of Accident	08/04/2019 09:05
Exact Location Of Accident	SLE TOWARDS BKE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLR9773G
Insured/Policyholder	
Name Of Registered Owner	LIM S H SERVICES
Co Reg No	53292557B
Email Address	LSENGHUAT@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91088573
Vehicle Particulars	
Manufacturer	HONDA
Model	FREED HYBRID-1.5 G (A)
Exact Purpose for which vehicle was being used at time of accident	IN TRANSIT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093992285-01
Cover Note Number	31/08/2018 - 30/08/2019
Driver	
Name of Driver	LIM SENG HUAT
NRIC No	S6818884I
Date Of Birth	25/05/1968
Occupation	OUTDOOR
Date Of Driving Pass	13/02/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91088573
Fax Number	
Contact Number	
EMail Address	LSENGHUAT@HOTMAIL.COM

Address	32 WOODLANDS DRIVE 16 #05-27
Postcode	737770
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	6
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.	YES
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : GRAB PASSENGER GENDER: : MALE

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

REFER TO STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	SEND DIRECT TO INSURANCE COMPANY
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC3137J
Vehicle Make/Model/Colour	VEHICLE C
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGH32H
Vehicle Make/Model/Colour	VEHICLE D
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SLH3188M
Vehicle Make/Model/Colour	VEHICLE E
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SLH8775K
Vehicle Make/Model/Colour	VEHICLE B
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 5

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	VEHICLE F (NISSAN LORRY)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

<div align="center">

SKETCH PLAN

</div>

SLR 9773G (NTUC)
DOA: 08/04/19 @ 0905

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.

2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>.

3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.

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. <u>Any false reporting may be referred to the Police for investigation</u>.

6. The 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 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.

Policyholder's Signature
Date & Time:

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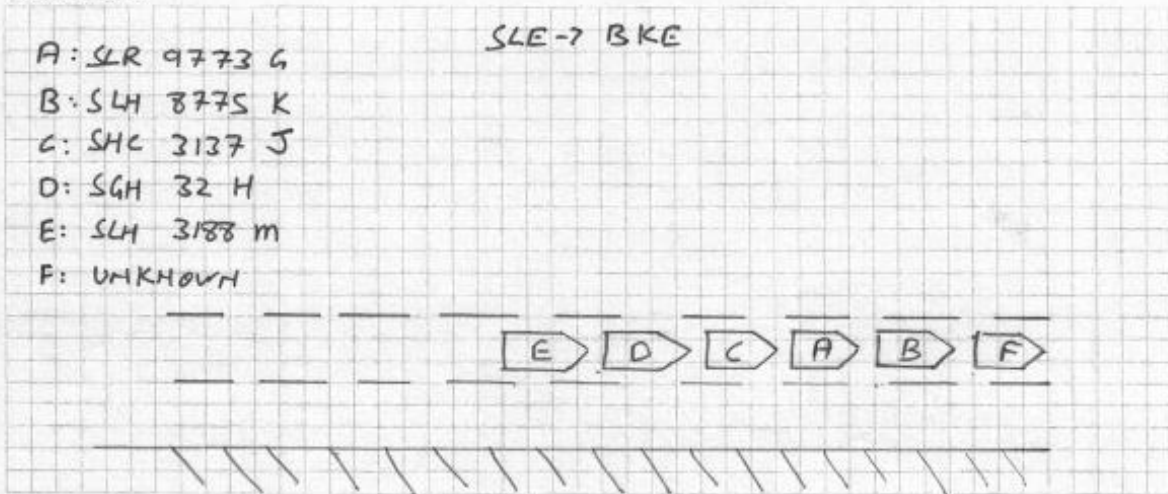(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Donlyn (AMK) 08/04/19
NRIC/FIN No.:

GIABNK SketchPlanForm_V3

SKETCH PLAN

A: SLR 9773 G
B: SLH 8775 K
C: SHC 3137 J
D: SGH 32 H
E: SLH 3188 M
F: UNKNOWN

SLE → BKE

E > D > C > A > B > F

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT   Vehicle No: SLR 9773G (NTUC)

ON 8.4.19 AT AROUND 9.05 AM, I WAS DRIVING MY VEHICLE, SLR 9773 G, ON SLE TOWARDS BKE. TRAFFIC WAS HEAVY. CAR 'B' IN FRONT OF ME SUDDENLY STOP, AND I WAS ABLE TO STOP IN TIME ABOUT 1 METER FROM CAR B. ABOUT FEW SECONDS LATER I FELT A HUGE IMPACT FROM THE REAR AND MY CAR WAS FORCED FORWARD AND PUSH AGAINST CAR 'B'.

   I THEN EXIT THE CAR AND REALISE THAT IT WAS A 6 CAR CHAIN COLLISION. THE CAR THAT COLLIDED INTO ME WAS SHC 3137 J. WE THEN FOUND OUT THAT ACTUALLY CAR 'B' HAD COLLIDED INTO VEHICLE 'F' CAUSING THE SUDDEN HAULT IN THE TRAFFIC. BUT VEHICLE 'F' DID NOT STOP AND HAD LEFT THE SCENE OF ACCIDENT.

   I HAVE IN-CAR RECORDING OF THE ACCIDENT.

* Claim TP (by Lee Liew Jing)

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
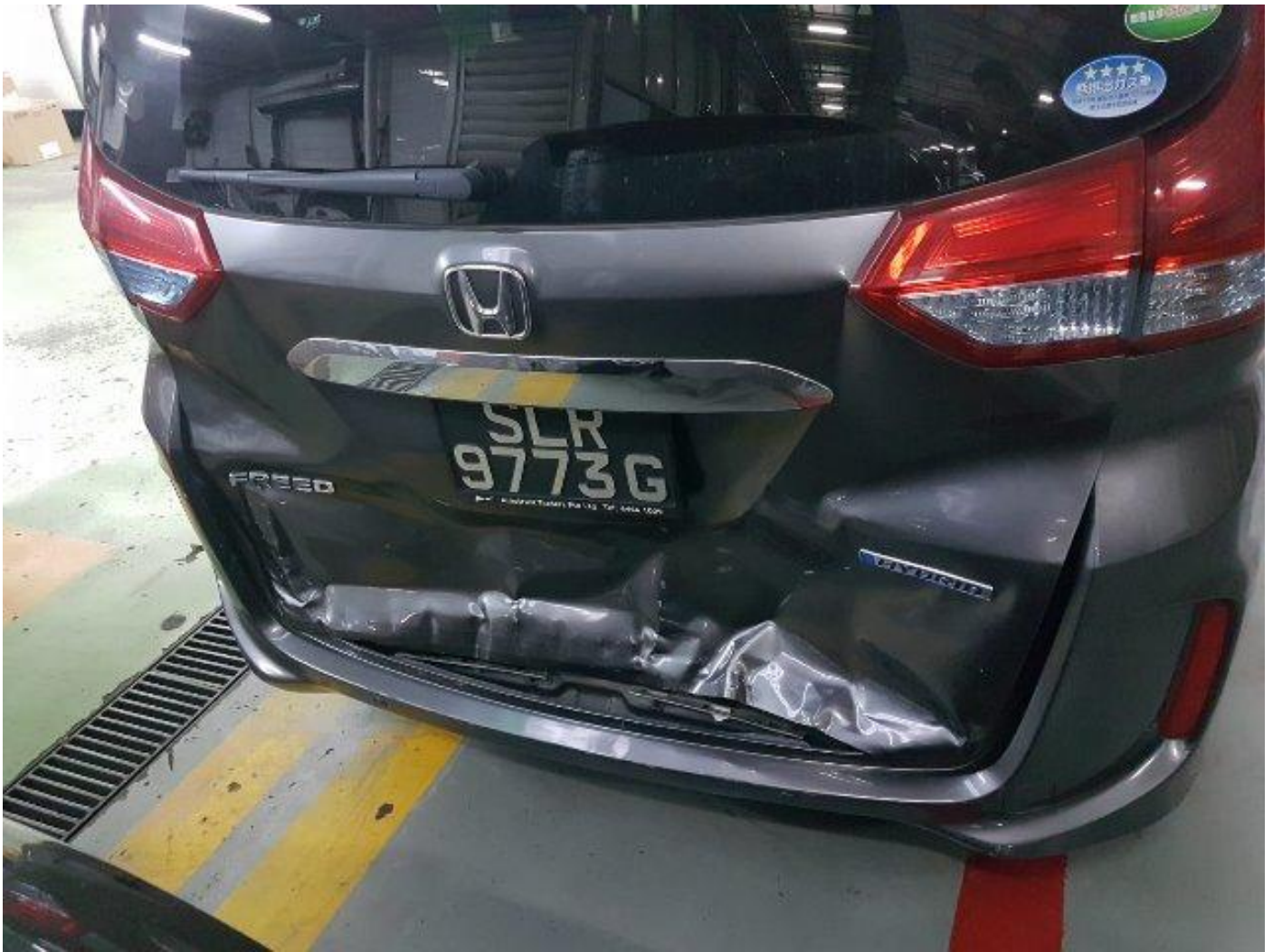Name: (AMK)
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo