

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	03/06/2019 12:08
Date Of Accident	01/06/2019 07:45
Exact Location Of Accident	PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKW7836H
Insured/Policyholder	
Name Of Registered Owner	LIM THIAM YONG
NRIC No	S1580986H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94380190
Alternative Phone No	OFFICE-94380190

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D18MPC0002590
Cover Note Number	

Driver

Name of Driver	LIM THIAM YONG
NRIC No	S1580986H
Date Of Birth	13/06/1963
Occupation	OUTDOOR
Date Of Driving Pass	11/05/1984
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94380190
Fax Number	
Contact Number	OFFICE-94380190
Email Address	NOEMAIL

Address	433 TAMPINES STREET 43 01-73
Postcode	520433
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	SJV2388J (PRIVATE CAR)
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

I WAS TRAVELLING FROM PARIS RIS GROVE INTO PASIR RIS DRIVE 8. WHILE FILTERING TOWARDS THE EXTREME RIGHT LANE, VEHICLE B, WHICH WAS BEHIND MY VEHICLE FROM PASIR RIS GROVE, FAILED TO SLOW DOWN AND COLLIDED INTO THE REAR OF MY VEHICLE WITH A HARD IMPACT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV2388J
Vehicle Make/Model/Colour	LEXUS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIO HE WEI
NRIC/Passport Number	S7209637A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

Sketch Plan

☐ Scene Pic
☐ Auth Letter

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident	Time (24 HRS)	Location of Accident
01/06/2019	0746 HRS	PASIR RIS DRIVE 8

INSURED/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

Vehicle Registration Number	SKW 7836 H
Name of Policyholder	LIM THIAM YONG
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)	S1580986 H
Address	433 TAMPINES STREET 43
Address	#01-73 (5) 520433
Contact Number	Tel: 94380190 Hp:
Email Address	NOEMAIL

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model	HONDA VEREL
Type of Vehicle	Saloon, MPV, CAR , Van, Lorry, Bus M/cycle, Others:
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input checked="" type="radio"/> No Remarks:
Vehicle category	<input type="radio"/> Private Hire <input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	D18MPC0003590

DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

Name of Driver	
NRIC/ FIN/ Passport	
Date of Birth	
Occupation	
Driving Pass Date	
Gender	<input type="radio"/> Male <input type="radio"/> Female
Contact Number	Tel: Hp:
Address	
Address	
Email Address	

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

(including Driver)

Please state:

Name:	Gender:
Name:	Gender:
Name:	Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes
Was any other vehicle(s) or property damaged?	<input type="radio"/> No <input checked="" type="radio"/> Yes
Was there any video captured? (in-car camera in YOUR CAR)	<input type="radio"/> No <input checked="" type="radio"/> Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, please state which police station & Report No.	
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes
If Yes, against whom?	

Sketch Plan #2

OWN VEHICLE REGISTRATION NUMBER

SKW 7836 H

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number STV 2388 J
 Make/ Model/ Others LEXUS
 Vehicle category ☒ Private ☐ Commercial ☐ Motorcycle
 Name of Driver LIO HE WEI
 NRIC/ FIN/ Passport S7209637 A
 Contact Number

Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number
 Make/ Model/ Others
 Vehicle category ☐ Private ☐ Commercial ☐ Motorcycle
 Name of Driver
 NRIC/ FIN/ Passport
 Contact Number

DETAILS OF WITNESS

Name
 Phone / Email Address
 NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name
 Contact Number
 Injuries Sustained
 If Vehicle Occupants, state in which vehicle?
 Were Seat Belts Worn? ☐ Yes ☐ No
 Was Injured conveyed to hospital by ambulance? ☐ Yes ☐ No

DETAILS OF INJURED PERSON 2

Name
 Contact Number
 Injuries Sustained
 If Vehicle Occupants, state in which vehicle?
 Were Seat Belts Worn? ☐ Yes ☐ No
 Was Injured conveyed to Hospital by Ambulance? ☐ Yes ☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.



 Signature of Policy Holder
 (Company Chop if applicable)

Date & Time

 Signature of Driver / Date & Time
 (If Driver is not the Policy Holder)

Date & Time

Sketch Plan #3

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:

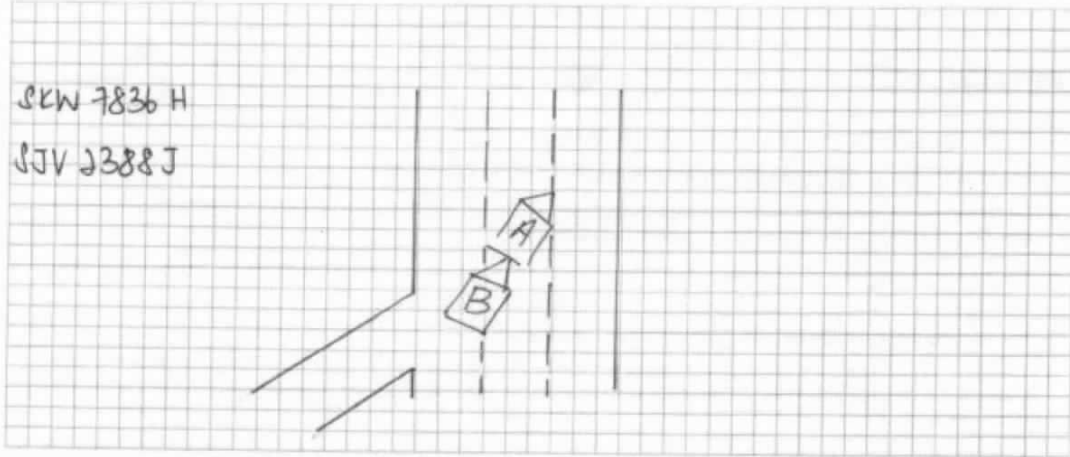
Reporting Centre Personnel's Signature
Name: YUEI HO PUC 01
NRIC/FIN No.: S9925286A



Sketch Plan #4

SKETCH PLAN

A: SKW 7836 H
B: JTV 2388 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling from Pasir Ris Grove into Pasir Ris Drive while filtering towards the extreme right lane, vehicle B, which was behind my vehicle from Pasir Ris Grove failed to slow down and collided into the rear of my vehicle with a hard impact.

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: YUEN HO BUN (21)
NRIC/FIN No.: 59925256A



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