

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	01/07/2019 16:54
Date Of Accident	29/06/2019 16:20
Exact Location Of Accident	BOON KENG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ2083S
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW HOCK
NRIC No	S1684843C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90216155
Alternative Phone No	OTHERS-93370218

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110161701800
Cover Note Number	

Driver

Name of Driver	LIM YI JIE
NRIC No	S9346148G
Date Of Birth	01/12/1993
Occupation	INDOOR
Date Of Driving Pass	06/03/2015
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93370218
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	3 KOVAN ROAD #05-10
Postcode	544917
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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:	NOT WORKING
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKB6946R
Vehicle Make/Model/Colour	
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)	

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:



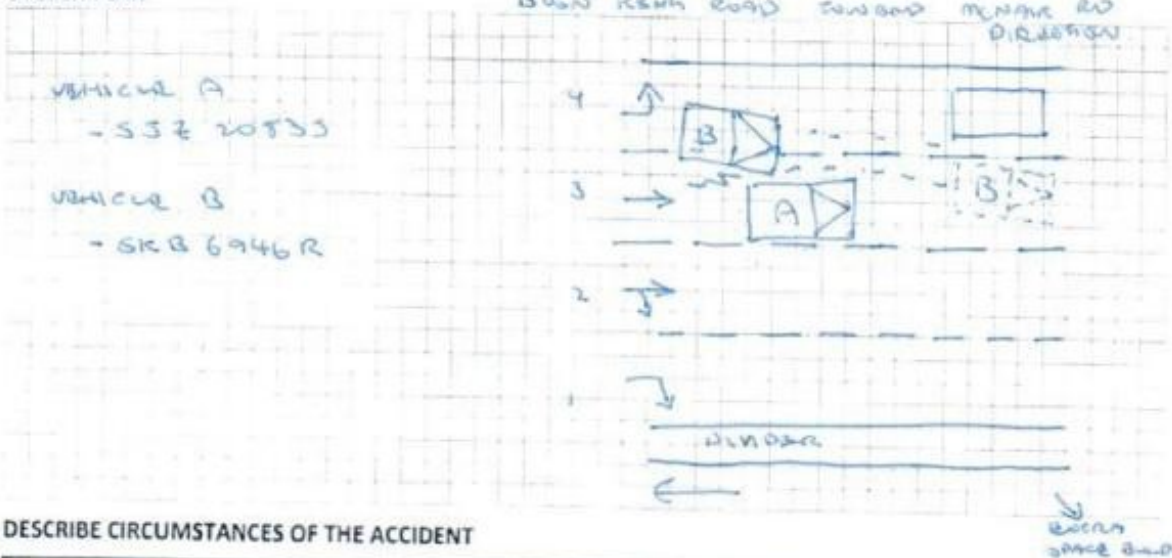
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 01/07/19

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING ALONG BOON KENG ROAD TOWARD MENARA ROAD DIRECTION.

WHILE DRIVING STRAIGHT AHEAD, WHILE APPROACHING OF THE JUNCTION, (BOON KENG ROAD / KALLANG BACHEL), AS I WAS STILL A DISTANCE AWAY FROM THE JUNCTION I NOTICE A VEHICLE FAR IN FRONT WAS INTENDING TO MAKE A RIGHT TURN. AND SO AS I WAS INTENDING TO GO STRAIGHT, I CHECKED ON MY REAR / SIDE MIRROR AND BLIND SPOT TO ENSURE THERE WASN'T ANY VEHICLE ON THE THIRD LANE, THEN I TURNED ON MY SIGNAL LEFT LIGHT, TO SHOW MY INTENTION OF CHANGING LANE, AND SLOWLY MOVED TO CHANGE LANE.

WHEN I HAVE ALREADY FINISHED MY SWITCHING LANE, SUDDENLY I FELT A IMPACT FROM THE LEFT SIDE OF MY VEHICLE. AND SAW A VEHICLE CUTTED THROUGH AND CUTTED IN FRONT OF MY VEHICLE.

ALIGHTED FROM MY VEHICLE AND REALIZED IT WAS A VEHICLE (SKB 6946R) WHICH AVOIDING A VEHICLE ON THE LEFT TURNING LANE AND MADE A SHARP RIGHT SWERVE THAT CAUSE THE COLLISION TO MY VEHICLE. (VEHICLE A - SJZ 20833) (VEHICLE B - SKB 6946R)

DECLARATION

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

Michael
Policyholder's Signature
Date & Time:

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

Sym 01/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9346148G



Name

LIM YI JIE

Religion

林 義 杰

Ethnicity

CHINESE

Date of birth

01-12-1990

Country of birth

SINGAPORE

Sex

M

REGISTRATION

For LKK/NAC Use Only

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number

S9346148G

Name

LIM YI JIE

Birth Date: 01 Dec 1990

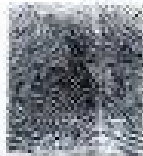
Valid Until: 06 Mar 2015



SG
PUB



License No. S9346148G



Birth Date

01-12-1990

3 ROYAN ROAD #05-10

SINGAPORE 548917

SPIC No.

09047485

Date

11/12/2011

No. 09047485

For LKK/NAC Use Only

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars < 3500kg with < 7 passengers, and tractors < 35 Mar 2015
of 00000000 and other motor vehicles < 3500kg



SP 0254