

## 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	14/08/2019 09:46
Date Of Accident	13/08/2019 08:40
Exact Location Of Accident	BKE TWDS KJE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW2194X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM JIA HUI BARRY
NRIC No	S9112105J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98217662
Alternative Phone No	OFFICE-98217662

### Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ 1.5L AT ABS D/AB HID 2WD 5DR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097552929-01
Cover Note Number	

### Driver

Name of Driver	LIM JIA HUI, BARRY
NRIC No	S9112105J
Date Of Birth	06/04/1991
Occupation	INDOOR
Date Of Driving Pass	28/01/2015
Driving Experience	4 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	+65-98217662
Fax Number	
Contact Number	OFFICE-98217662
EEmail Address	NOEMAIL

Address	BLK 351D CANBERRA ROAD #14-279
Postcode	754351
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 - 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?	
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

REFER TO STATEMENT.

#### 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	XD8035S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KUPPUSAMY RAMANATHAN
NRIC/Passport Number	032706614
Contact Number	90387292
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident 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.

### 3. 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 (a) 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: 13/08/19 10:30

Driver's Signature

(if driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

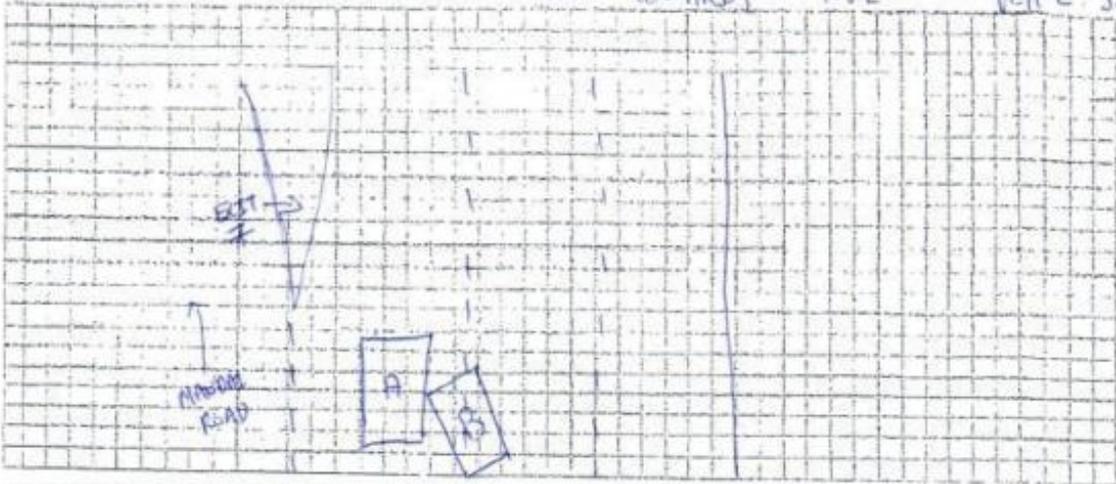
Name:  
NRIC/FIN No.:

Accident Sketch Plan

VEH A: SJW2197X  
 VEH B: 8XD80355  
 VEH C: SJH88576

SKETCH PLAN

BKE TOWARDS KJE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A WAS DRIVING FROM BKE TOWARDS KJE. ALL OF A SUDDEN VEH B FROM SECOND LANE TRIED TO CHANGE LANE TO THIRD LANE AND IT KNOCKED INTO VEH A. VEH B FAILED TO NOTICE VEH A AND HE WAS DRIVING AT A HIGH SPEED, ~~IT~~ IT HAD CAUSED ~~THE~~ VEHICLE ~~TO~~ A TO SWING A SHORT DISTANCE, ~~THE~~ DAMAGING ~~THE~~ THE WHOLE RIGHT PANEL OF VEH A. A POLICE OFFICER STOPPED BY AND ASSISTED US, HE HAD WITNESSED THE INCIDENT.

ANOTHER VEH C CAME UP TO ME (VEH A) & SAID THAT I HAD ~~SCRAPE~~ CAUSED SCRATCHES TO HIS CAR. I AM NOT AWARE OF IT BECAUSE THE VEH B IS BLOCKING MY VIEW AND I DO NOT FEEL ANY IMPACT.

DECLARATION

(We declare the foregoing particulars are true in every respect.)

Policyholder's Signature

Date & Time:

13/8/19

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/PPN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA119105981 Vehicle Registration No: SJW2194X
Name(as shown in NRIC): LIM JIA HUI, BARRY NRIC/FIN/Passport No : S9112105J
( ~~Vehicle Driver~~ / Vehicle Owner) (\*) Please delete as appropriate
Address : BLK 351D CANBERRA ROAD #14-279 Singapore(754351)
Contact (Tel) : Mobile No. : 98217662
Email Address :
Date of Accident : 13/08/2019 Time of Accident : 08:40
Place of Accident : BKE TWDS KJE
Insurance Company: NTUC Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Should be claiming against of vehicle XD 8035S
[Multiple blank lines for additional information]

Policyholder / Driver's Signature
Date:

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