

## 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	22/08/2019 12:27
Date Of Accident	21/08/2019 15:25
Exact Location Of Accident	JUNCTION OF TOA PAYOH LOR 4/ LOR 6
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG7700G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BUILDPOOL ENGINEERING SERVICES PTE LTD
Co Reg No	199505501G
Email Address	BUILDPO@BUILDPOOL.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68417811

### Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 D PANEL VAN (M)
Exact Purpose for which vehicle was being used at time of accident	GOING JOBSITE
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100484987-01
Cover Note Number	

### Driver

Name of Driver	LIM TECK SIONG
NRIC No	S8286321D
Date Of Birth	04/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	20/08/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91899494
Fax Number	
Contact Number	
E-Mail Address	TECKSIONG1982@GMAIL.COM

Address	BLK 978D BUANGKOK CRESCENT #12-227
Postcode	536978
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
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)	2
Passenger 1	NAME: : RAJA 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

MY VEHICLE WAS STATIONARY AT THE JUNCTION OF TOA PAYOH LOR 4/LOR 6, WAITING FOR THE TRAFFIC LIGHT TO TURN GREEN TO MAKE A RIGHT TURN TO TOA PAYOH LOR 6. WHILE WAITING, VEH B (SKP3681A) WAS TURNING RIGHT FROM THE OPPOSITE DIRECTION. SUDDENLY, VEH C (SBS BUS) WHICH WAS TRAVELLING STRAIGHT ALONG TOA PAYOH LOR 6 COLLIDED TO VEH B. THE IMPACT PUSHED VEH B TO SPIN TO MY DIRECTION AND COLLIDED TO MY FRONT PORTION CAUSING DAMAGE. POLICE AND AMBULANCE CAME BUT NOBODY WAS CONVEYED TO HOSPITAL. AFTER THE ACCIDENT, I FELT PAIN ON MY NECK AND WENT TO CONSULT DOCTOR AND WAS GIVEN 2 DAYS MC.

#### 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	SKP3681A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	LEK KIM HO
NRIC/Passport Number	S0795019E
Contact Number	92956315
Address	

Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SBS6109H  
Vehicle Make/Model/Colour  
Details Of Properties VEHICLE C  
Vehicle Category BUS  
Name of Driver RAYMOND YEW YONG LEE  
NRIC/Passport Number G8536489N  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name LIM TECK SIONG  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GBG7700G  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode



SKETCH PLAN

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. 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: 24/8/19  
1000am

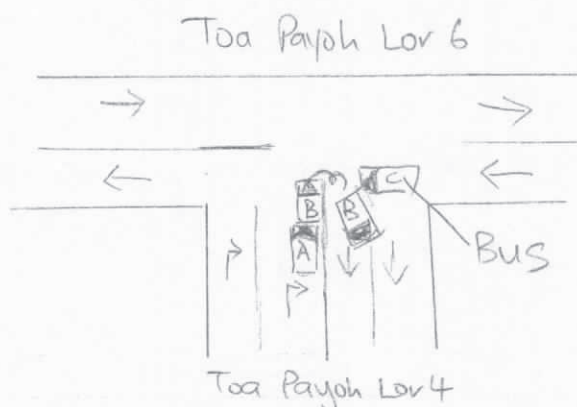
Driver's Signature

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

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

SKETCH PLAN



A: GBG 7700G  
B: SKP3681A  
C: SBS 6109 H  
(Bus)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the junction of Toa Payoh Lor 4/Lor 6, waiting for the traffic light to turn green to make a right turn to Toa Payoh Lor 6. While waiting, Veh: B (SKP3681A) was turning right from the opposite direction. Suddenly, Veh C (SBS Bus) which was travelling straight along Toa Payoh Lor 6 collided to Veh B. The impact pushed Veh B to spin to my direction & collided to my front portion causing damage. Police & ambulance came but nobody was conveyed to hospital. After the accident, I felt pain on my neck & went to consult doctor & was given 2 days MC.

DECLARATION

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



Policyholder's Signature  
Date & Time: 22/8/19  
1000am

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

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