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 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.

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 Date Of Report
 16/09/2019 19:56

 Date Of Accident
 16/09/2019 07:30

Exact Location Of Accident UPPER THOMSON ROAD TOWARDS LORNIE HIGHWAY

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGZ6991E

Insured/Policyholder

ame Of Registered Owner LIM CHEE HONG

NRIC No \$7902822C

Email Address LIM.CHEE.HONG.MICHAEL@GMAIL.COM

Mobile Phone No (LOCAL) +65-88098748

Alternative Phone No OFFICE-88098748

Vehicle Particulars

Manufacturer VOLKSWAGEN
Model GOLF-1.4 (A)

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL

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

'ame of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5065443384-05

Cover Note Number

Driver

Name of Driver LIM CHEE HONG

 NRIC No
 \$7902822C

 Date Of Birth
 28/01/1979

 Occupation
 INDOOR

 Date Of Driving Pass
 30/11/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88098748

Fax Number

Contact Number OFFICE-88098748

EMail Address LIM.CHEE.HONG.MICHAEL@GMAIL.COM

Address 18 ANG MO KIO AVE 2 #17-28

567700 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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 YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

1

NO

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **SLQ1508P**

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category TAN KIAN HONG Name of Driver S7008495C NRIC/Passport Number

93871859 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

SKETCH PLAN

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- 3 Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

- (a) My insurer, my w orkshop and the General Insurance Association of Singapore ("GtA") 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' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
- (ii) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations retaining to the claims:
- (iii) 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 making 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 wiell 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 'Pumoses')
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), w hich 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 i 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
- (iii) for complying with requirements under any regulations. Taxes or court orders

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Driver's Signature (if Univer is not the policyholder) i Date & Turse

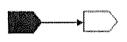
Witnessed by Reporting Centre Personnet

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Acoldent

BLACK CAR: SLO1500P

WHITE CAR: SGZ6991E

DESCRIPTION:

i stopped at the red light. Car collided behald me

Declaration

I/We deciare the foregoing particulars are true in every respect

LIM CHEE HONG 16/09/2019 18 36 LIM CHEE HONG 16/09/2019 18 36

Policyholder's Signatiøe / Date & Time Onver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel