

## 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	19/11/2019 08:42
Date Of Accident	18/11/2019 08:00
Exact Location Of Accident	SLE AFTER UPPER THOMSON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SQ7396Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN KIAN KERN
NRIC No	S8211032A
Email Address	KIANKERN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82982100
Alternative Phone No	OTHERS-82982100
<b>Vehicle Particulars</b>	
Manufacturer	BMW
Model	318i
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
<b>Insurance Company</b>	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106944786 (DRIVO PREMIUM)
Cover Note Number	
<b>Driver</b>	
Name of Driver	TAN KIAN KERN
NRIC No	S8211032A
Date Of Birth	06/04/1982
Occupation	INDOOR
Date Of Driving Pass	31/05/2002
Driving Experience	17 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82982100
Fax Number	
Contact Number	OTHERS-82982100
E Mail Address	KIANKERN@GMAIL.COM

Address	4 PASIR RIS LINK #09-10
Postcode	518160
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	CHAIN COLLISION
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	5
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

REFER TO STATEMENT ATTACHED.

### 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	SLK7950S
Vehicle Make/Model/Colour	PEUGEOT 5008
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR SZE TOH KHAI MUNN
NRIC/Passport Number	S7720464D
Contact Number	94359353
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMP3485B
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Vehicle Make/Model/Colour	MAZDA 8
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHD HAIREE
NRIC/Passport Number	S7914617Z
Contact Number	98787819
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SKR2145B
Vehicle Make/Model/Colour	CITRON PICASCO C4
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	AMRAN VARIS
NRIC/Passport Number	S1744795E
Contact Number	96392095
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 4

Vehicle Registration Number	SMH706B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JEREMIAH LOKE
NRIC/Passport Number	S9340137I
Contact Number	90685403
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

*Lawrence* 19 NOV 2019

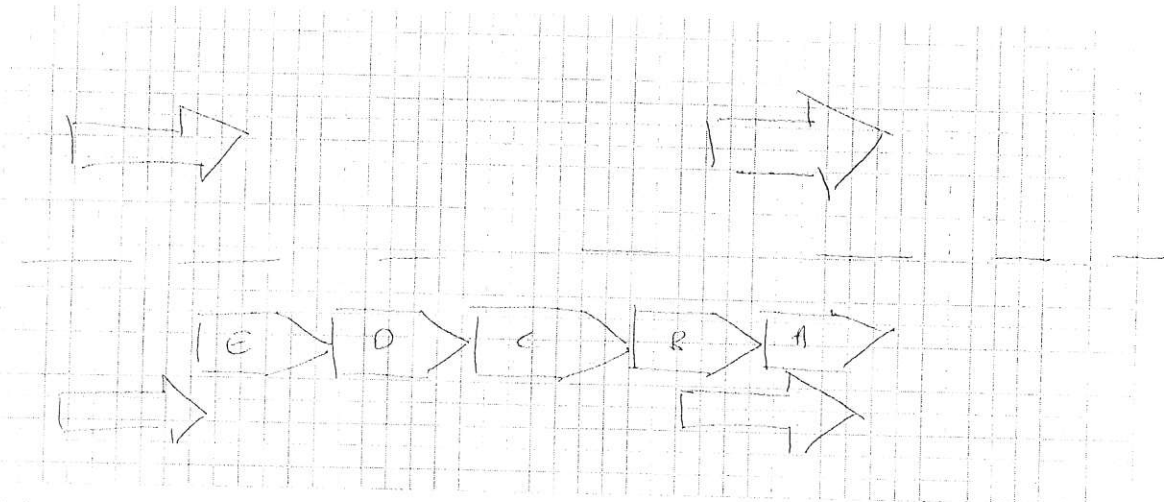
Policyholder's Signature  
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18th Nov 2019, around 8 a.m., was driving on the right most lane along SE after Upper Thomson exit. I stopped because the vehicle in front of me stopped. The second car, B, <sup>SKT 19505</sup> was initially able to stop in time but was hit by the third car which in turn hit my rear. And my rear was damaged.

DECLARATION

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

*Lawrence Lim*  
Policyholder's Signature  
Date & Time:

19 NOV 2019

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

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

