

## 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	10/12/2019 13:55
Date Of Accident	09/12/2019 22:15
Exact Location Of Accident	GEYLANG RD INFRONT UOB GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN2322D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM CHIEH NIH
NRIC No	S2620287F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91469439
Alternative Phone No	OFFICE-91469439

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CLA 180
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	REPORTING ONLY
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	5094218840-02
Cover Note Number	

### Driver

Name of Driver	LIM CHIEH NIH
NRIC No	S2620287F
Date Of Birth	13/05/1967
Occupation	INDOOR
Date Of Driving Pass	18/09/1992
Driving Experience	27 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91469439
Fax Number	
Contact Number	OFFICE-91469439
Email Address	NOEMAIL

Address	2C CRANBORNE RD
Postcode	439377
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	NO 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	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 60 DAKOTA CRESCENT #01-213/ 215 , <b>POSTCODE:</b> 390060 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3449999 - <b>FAX NO:</b> 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT G/20191210/2032

#### 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	SJT1934A
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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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:

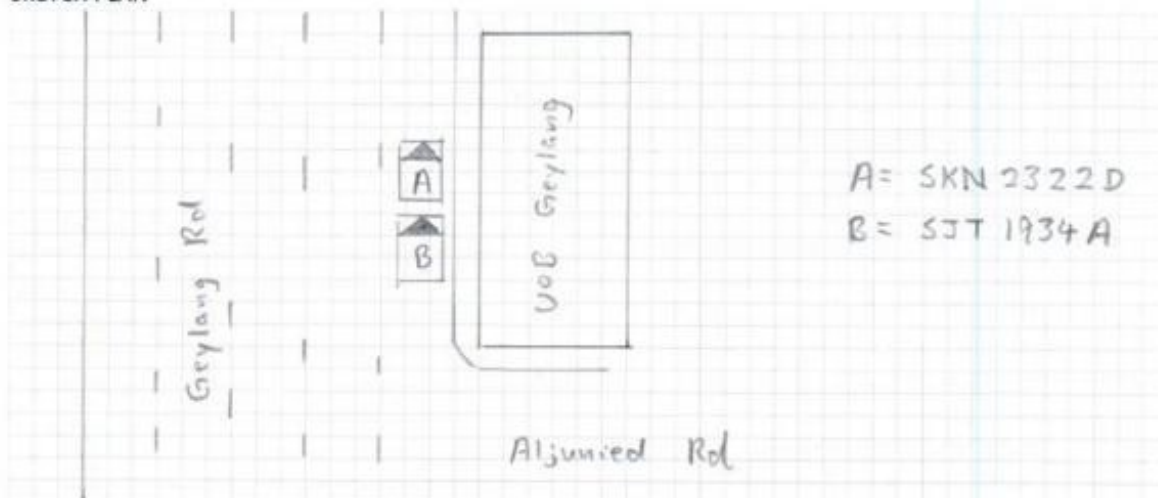
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report #<sup>G</sup>/20191210/2032.

## DECLARATION

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

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.:



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## Report No. G/20191210/2032

Date/Time Report Made 10/12/2019 12:40	Vide Report No.	Station Diary No. 4		
Name Of Informant LIM CHIEH NIH	Address 2C CRANBORNE ROAD SINGAPORE 439377			
ID Type / ID No. NRIC NO / S2620287F	Contact No. Home/Office	Mobile 91469439		
Nationality MALAYSIAN	Email Address			
Occupation SELF EMPLOYED	Sex Female	Age 52	Date of Birth 13/05/1967	Race Chinese
Institution/School Name	Language			
Date/Time Of Incident 09/12/2019 22:15	Location Of Incident LORONG 25A GEYLANG SINGAPORE IN FRONT OF UOB			

On 09/12/19 at around 2215hrs, I was travelling in my vehicle SKN2322D to Lor 25a Geylang UOB to drop off a cheque. After I have completed my errands, I went back inside my car which was parked in front of another vehicle (SJT1934A). I reversed and I wanted to move off and go back home. As I was reversing halfway, I thought that I might have collided into the vehicle behind me (SJT1934A) as such, I went out to make a check and I realized that there was no collision and no damage to any property. The driver demanded for my particulars and I demanded for his too. Initially he did not wanted to give me his particulars, as such I called for police assistance.

Signature Of Informant:

Date/Time:  
10/12/2019 12:40

### Classification Of Case:

Authentication Stamp





POLICE REPORT



SINGAPORE  
POLICE FORCE



G/20191210/2032

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20191210/2032

The driver kept insisting that the interior of the bumper is damaged however I made a check there was no damages to both his and my vehicle. After the police arrived, they told us to settle this matter privately and we both manage to have each others' particulars. We both left the area and I am lodging this report for record purposes. I was not a victim of crime and I am not hurt.

Signature Of Officer Recording The Report:

G / Sgt 3 CHANG JUN KAI

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
Insp FU ZHANWEI  
Contact No.: 62447200

Authentication Stamp



Signature Of Informant:

Date/Time:  
10/12/2019 12:40

Classification Of Case:

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

