

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 16/01/2020 15:24
Date Of Accident 15/01/2020 16:45
Exact Location Of Accident CASHEW HEIGHTS CONDO DRIVEWAYS
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK749Y
Insured/Policyholder
Name Of Registered Owner LIAN POH GIK @LIAO POH GIK
NRIC No S1149462E
Email Address JUNSOH86@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-98292009
Alternative Phone No Office-98292009

Vehicle Particulars

Manufacturer HONDA
Model CIVIC-1.6 VTI (A)

Exact Purpose for which vehicle was being used at time of accident

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 5104721472-01
Cover Note Number

Driver

Name of Driver SOH KIM TOH @ SOO CHEE ZEN
NRIC No S2681727G
Date Of Birth 29/03/1945
Occupation OUTDOOR
Date Of Driving Pass 19/01/1981
Driving Experience 38 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-87492108

Fax Number	
Contact Number	
E-Mail Address	NOEMAIL
Address	BLK 147 GANGSA ROAD #09-259
Postcode	670147
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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: : LIAN POH GIK Gender: : Female

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

I VEH A WAS TRAVELLING ON THE MAIN ROAD. VEH B DASHED OUT FROM THE SMALL ROAD WITH STOP LINE FAILED TO GIVE WAY. RESULTING IT'S FRONT LEFT HIT MY VEH'S FRONT RIGHT. COLLISION TOOK PLACE AT CASHEW HEIGHTS CONDO DRIVEWAYS.

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	SLA48R
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)

Sketch Plan

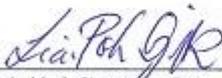
SKETCH PLAN

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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.


Policyholder's Signature Date
& Time:

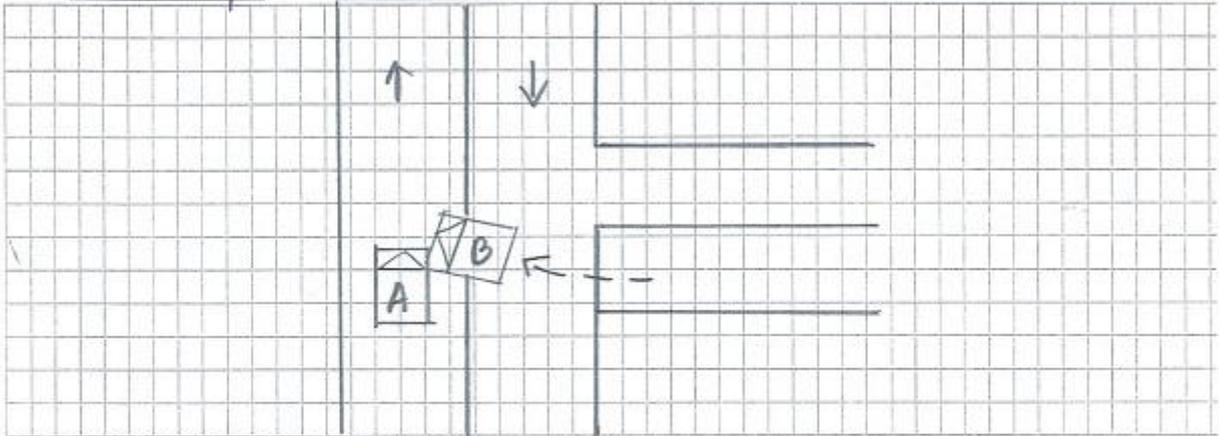

Driver's Signature
(If driver is not the policyholder) Date
& Time:


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



SKETCH PLAN

Date & Time of Accident: 15.01.20 / 4.45pm Location: Cashew Heights Condo Driveways
 Veh A: SJK 749Y Veh B: SLA 48R Veh C/Others: -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (Veh A) was travelling on the main road. Veh B dashed out from the small road with stop line failed to give way. Resulting it's front left hit my veh's front right. collision took place at cashew heights condo driveways.

- Own Damage Claim at Lim Tan Motor TP Claim at Lim Tan Motor
 Own Damage Claim at Other Workshop TP Claim at Other Workshop Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : _____
 My/Our email : j.unson86@hotmail.com

DECLARATION

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

Lim Poh Gek
 Policyholder's Signature Date & Time:

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


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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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HONDA MOTOR CO., LTD. JAPAN

CHASSIS NO.

JHMFD46208S202495

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