

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	20/04/2020 18:05
Date Of Accident	19/04/2020 10:00
Exact Location Of Accident	ALONG CLEMENTI AVENUE 6
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJD6608T
Insured/Policyholder	
Name Of Registered Owner	LIM SIEW GEK
NRIC No	SXXXX290D
Email Address	LIMSIEWGEKLORNA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97645517
Alternative Phone No	OTHERS-96884453
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
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
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113586856
Cover Note Number	
Driver	
Name of Driver	XAN NG CHONG JIE (HUANG CHONGJIE)
NRIC No	SXXXX688A
Date Of Birth	04/02/1998
Occupation	INDOOR
Date Of Driving Pass	20/03/2018
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-97645517
Fax Number	
Contact Number	OTHERS-96884453
EEmail Address	XANNGCI98@GMAIL.COM

Address	89YISHUN AVENUE 1 #01-08 THE EATUARY
Postcode	769134
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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: : JAYNE HOW XUAN NING 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

PLEASE REFER TO SKETCH PLAN

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	SKH1315M
Vehicle Make/Model/Colour	NISSAN URVAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIZAM
NRIC/Passport Number	
Contact Number	90696362
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

DETAILS OF INJURED PERSON 1

Name XAN NG CHONG JIE (HUANG CHONGJIE)
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SJD6608T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name JAYNE HOW XUAN NING
Approximate Age
Injuries Sustain NECK AND BACK PAIN
Injured person in which vehicle? SJD6608T
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

Veh A: SJD 668T
Veh B: SKH1315M

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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.

I AM AWARE THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature

Date & Time:

20/4/20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

20/4/20 and
15:35

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

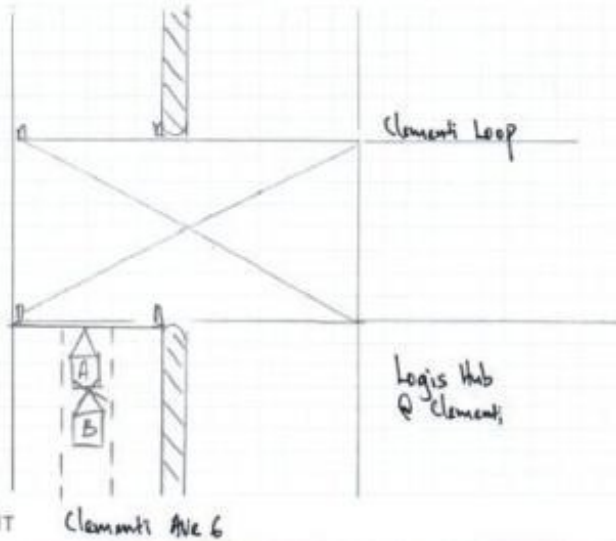
Resa, [Signature]

Accident Sketch Plan

SKETCH PLAN

Veh A: SJD 6608T

Veh B: SKH1315M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Clementi Ave 6

I was stationary my vehicle at the traffic junction, traffic light was red.
Suddenly vehicle B began bang onto my vehicle from my rear.

DECLARATION

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

Policyholder's Signature

Date & Time: 20/04/2020

Driver's Signature

(if driver is not the policyholder)

Date & Time: 20/04/2020 and
15:34

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



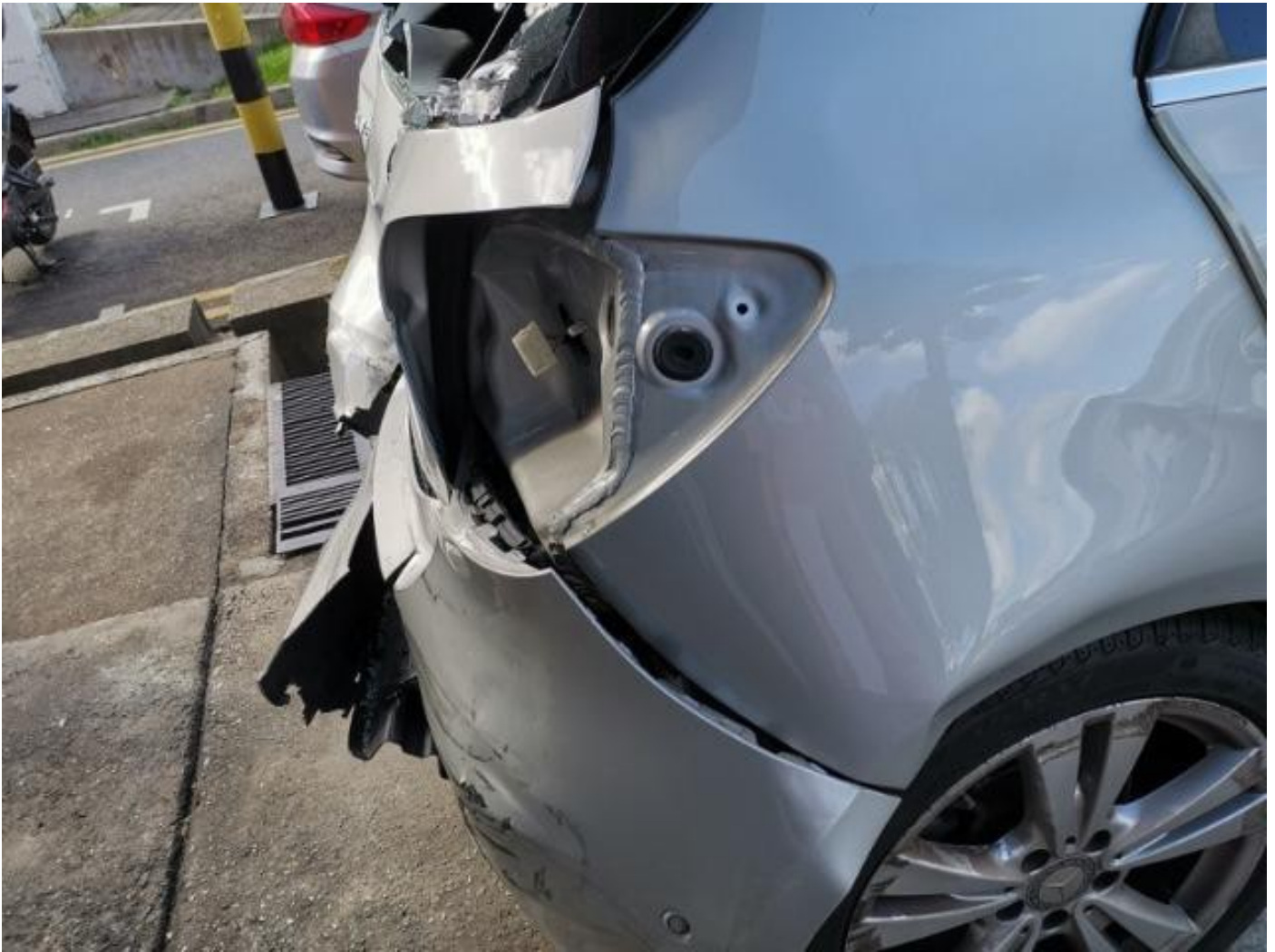
Accident Photo



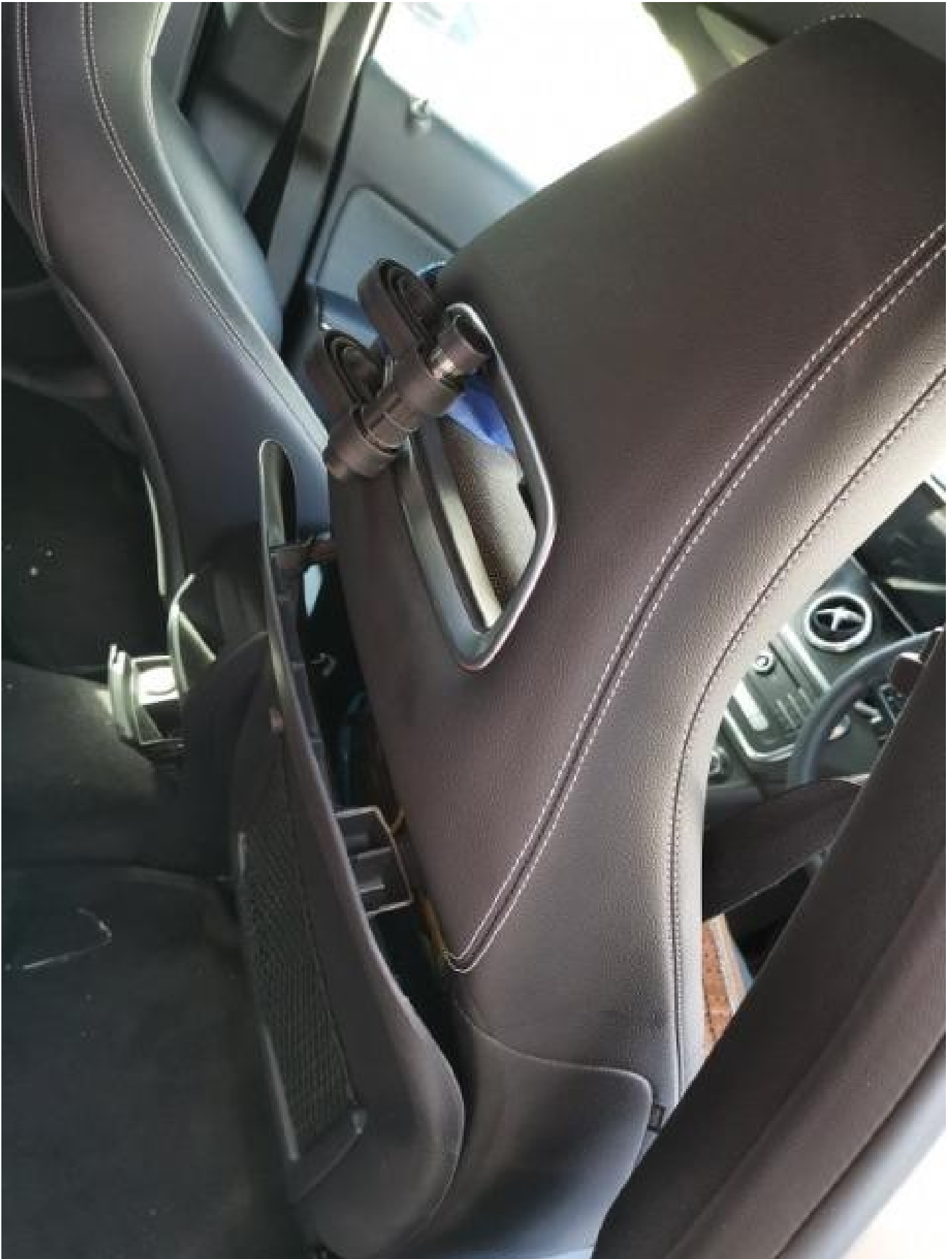
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Accident Photo



Accident Photo



Lim Serene (MT)

to me

Celia,

We were informed that the vehicle involved is SKH1315M.

Please confirm with your client.

The vehicle as seen on photo isn't the same as well.

Regards



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 5 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 – 17:00
 UEN: S66550023G / GST Reg. No.: M420017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : NNA 420042903 Vehicle Registration No: SJD 6608T
 Name(as shown in NRIC) : Lim Siew Gek NRIC/FIN/Passport No : 5XXX 2900
 (*Vehicle Driver/ Vehicle Owner)(*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No. : 97645517
 Email Address : _____
 Date of Accident : 19 Apr 2020 Time of Accident: 1000 HRS
 Place of Accident : Along Clementi Ave 6
 Insurance Company: Nive Income Insurance Co-operative Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Third Party Vehicle Number 'SKL 7753Y' To 'SKH1315M'
Photo & email attach

dm
 Policyholder / Driver's Signature
 Date: 20/5/20

21/05/2020
 Reporting Centre Personnel's Signature
 Name: Paul Lim
 NRIC/FIN No.: _____
 Date: _____