

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	11/05/2020 11:53
Date Of Accident	10/05/2020 14:25
Exact Location Of Accident	YIO CHU KANG RD TWDS HOUGANG AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS4408P
Insured/Policyholder	
Name Of Registered Owner	LIM HWA HENG
NRIC No	SXXXX289Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90669555
Alternative Phone No	OFFICE-90669555

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA 3
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	5110591631
Cover Note Number	

Driver

Name of Driver	LIM PEI TING SHEENA
NRIC No	SXXXX186I
Date Of Birth	20/04/1994
Occupation	INDOOR
Date Of Driving Pass	10/02/2014
Driving Experience	6 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97514050
Fax Number	
Contact Number	
Email Address	SHEENALPT@HOTMAIL.COM

Address	23 FERNVALE LANE #05-32
Postcode	797501
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	HAVENT RETRIEVE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJJ3160E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ROSLY BIN MOHAMED SALLEH
NRIC/Passport Number	SXXXX631A
Contact Number	90090357
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	LIM PEI TING SHEENA
Approximate Age	
Injuries Sustain	NECK, BACK, ARMS, SHOULDER
Injured person in which vehicle?	SLS4408P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:

11/05/2020
11.12am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 May 2020
11.12am

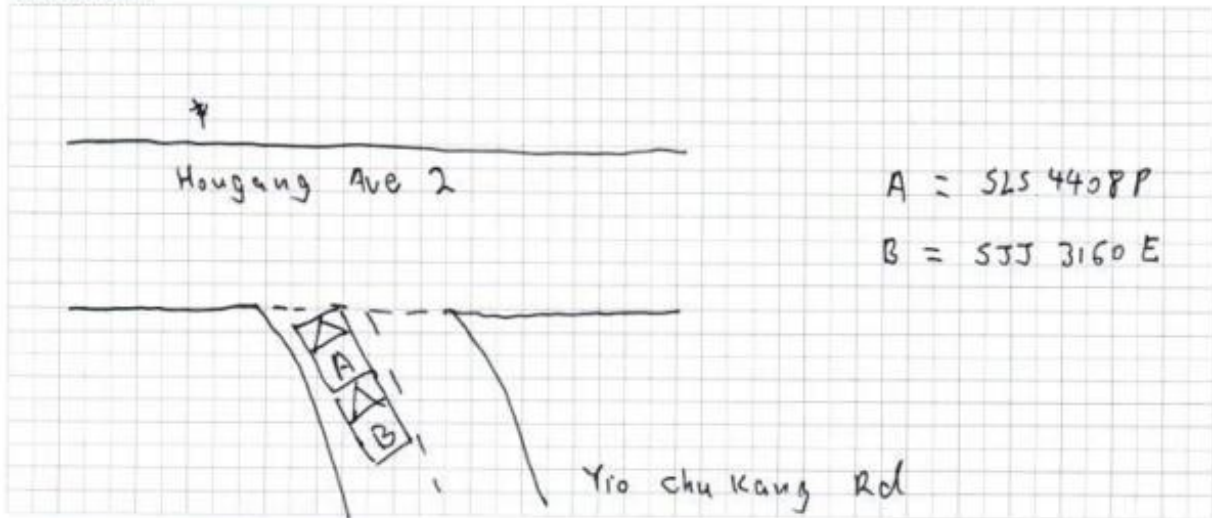
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Yio Chu Kang road, towards Hougang Ave 2 at the left filter lane. I was the first car at the left filter lane, waiting to filter out to the main road when an oncoming vehicle (SJJ 3160E, driver: Mohamed Rosly Bin Mohamed Salleh) in a blue Honda Fit hit me from the back. The hit pushed my car forward, out of the left filter lane / out of the double white dotted line. It was a clear day without rain. Incident happened on 10 May 2020 Sun @ around 11:25 pm.

DECLARATION

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

Policyholder's Signature

Date & Time: 11/05/2020 11:12am

GIA/NAC Sketch Plan Form

Driver's Signature

(If driver is not the policyholder)

Date & Time: 11 May 2020 11:12 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Police Report

ANNEX E

NOTICE OF COMPLIANCE

This is to confirm that LIM PEI TING SHEENA (HP: 97514050) NRIC no. S9414186I, has reported to the Police on a non-injury traffic accident which occurred along Yio Chu Kang road, left turn into Hougang Avenue 2 on 10/05/2020 at about 1425hrs involving the following vehicles: SLS4408P (Informant's vehicle) & SJJ3160E belonging to MOHAMED ROSLY BIN MOHAMED SALLEH S7435631A HP: 90090357.

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with compliance under Sec 84(2) of the Road Traffic Act, Cap 276.



LIM PEI TING SHEENA

Date: 10/05/2020

S/D: 48

Police Post/Unit: Hougang NPC



HOUKANG NPC
80 HOUGANG AVE 8
SINGAPORE 536775
TEL 1800-4890999

Name of Issuing Officer: SSGT T120242 Md Helmi

Original - to be issued to informant
Duplicate - to be retained at police post or unit

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

