

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	30/06/2020 11:47
Date Of Accident	29/06/2020 22:15
Exact Location Of Accident	TAMPINES AVENUE 10 TWRDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJY6973C
Insured/Policyholder	
Name Of Registered Owner	LIM HONG SUN (LIN HONGSHAN)
NRIC No	SXXXX335Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97739484
Alternative Phone No	OTHERS-97739484

Vehicle Particulars

Manufacturer	PERODUA
Model	VIVA ELITE EZ AT 2WD 5DR

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	THIRD PARTY
Fleet Policy	NO
Policy Number	5115865074
Cover Note Number	

Driver

Name of Driver	LIM HONG SUN (LIN HONGSHAN)
NRIC No	SXXXX335Z
Date Of Birth	16/03/1973
Occupation	INDOOR
Date Of Driving Pass	05/10/1996
Driving Experience	23 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97739484
Fax Number	
Contact Number	OTHERS-97739484
Email Address	NOEMAIL

Address	BLK 172 #05-799 YISHUN AVENUE 7
Postcode	760171
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	SIDE SWIPE
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: : NG LYE IMM
	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

REFER 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	SLR7829T
Vehicle Make/Model/Colour	VOLKSWAGEN / GOLF 1.4 TSI AT 5G13HZ
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

IMPORTANT NOTICE

1. Please report promptly the details of the accident to speed up the claim process.
2. This form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any intentional omission of material facts may allow insurance companies to repudiate policy liability.
4. The Issued and Accurate Single Form of Insurance Complaint is not an admission of policy liability by the Insured or the insurance company.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the Risk Recovery 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 judgment of this report to the Insurers, you hereby consent to the providing of this report at the centre and to respond to the report being made available to insured.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) Understand, acknowledge, agree and consent that:
 - (i) 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/box/packages); and/or
 - (v) complying with applicable law or administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
 - (b) all insurer(s) who have insured vehicle(s) involved in the accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or transfer my Personal Information for one or more of the above Purposes; and
 - (c) Personal Information may 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 outside of Singapore, for one or more of the above Purposes.
 - (b) Personal Information will not be collected and used to create or use my identity for any other purpose of the Insurers, Insurers' lawyers/law firms or management in present and/or future claims.
 - (c) I consent to the collection, use, disclosure and/or transfer of my Personal Information for:
 - (i) for the purposes stated in (a) (i) above mentioned Purposes;
 - (ii) for 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4 #02-02

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@vicom.com.sg

Insured's Signature
Date & Time

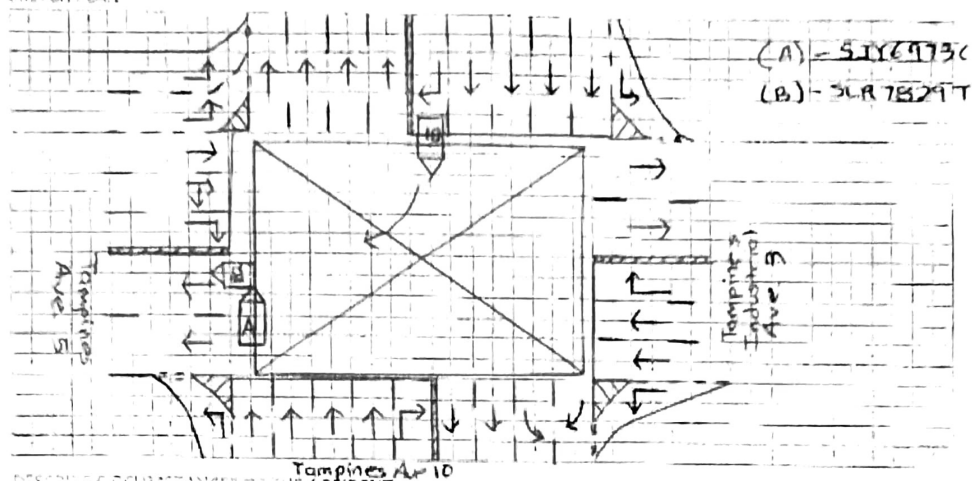
Driver's Signature
(If driver is not the policyholder)
Date & Time

Reporting Officer's Signature
Name
NRIC/IN No

20 JAN 2020

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 29/06/2020 @ about 22:51 HRS, at along Tampines Ave 10 towards Bartley Road East I was travelling along the extreme left lane and I approached the junction of Tampines Ave 5. Suddenly, a Vehicle (B) from the opposite direction made a right turn into Tampines Ave 5 without cautious and proper lookout when the green light is in my favour, and collided into the front portion of my Vehicle (A) causing damages to my Vehicle. I have 1 other passenger in my Vehicle.

Note: Please note that your insurer may have 14 days time frame to put to you for your Own Damage Claim and your Own Damage claim will be subject to your insurer's approval. Please report your claim to your insurer as soon as possible.

DECLARATION

I hereby declare that the information provided is true and correct.

Signature of Driver
Date: 01/07/2020

Signature of Witness
Name: [Signature]
Date: 01/07/2020

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Signature of IDAC Kaki Bukit (VAC)
Name: [Signature]
Date: 01/07/2020