

## 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 Submission	28/12/2020 15:02 (SGT)
Date of Accident	26/12/2020 14:40 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ANG MO KIO AVE 5 AT JUNCTION TOWARDS CTE/SLE FLYOVER
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG2366X
INSURED/POLICYHOLDER	
Is company?	Yes
Name Of Registered Owner	JA LAN TIONG PTE LTD
Company Reg No	1XXXXX540G
Email Address	sales@jalantiong.com
Mobile Phone No	(Phone) +65-96192192
Alternative Phone No	+65-96192192

### VEHICLE PARTICULARS

Manufacturer	Nissan
Model	Nv200
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	Yes
Vehicle Category	Commercial vehicle

### INSURANCE COMPANY

Name of Insurance Company	India International
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	D20MCV0003388
Cover Note Number	-

### DRIVER

Name of Driver	LAWRENCE SIOW KOK PHUA
NRIC No	SXXXX564J
Date Of Birth	19/02/1954



Occupation	Outdoor
Date Of Driving Pass	15/04/1977
Driving experience	43 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96687992
Alt. Phone Number	-
Email Address	lawrence_siow@yahoo.com.sg
Address	BLK 537 SERANGOON NORTH AVE 4 #04-139
Address complement	-
Postcode	550537
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER ATTACHMENT

(ATTENDED BY: JAMES NG)

#### 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	SMP4461M
Vehicle Manufacturer	Toyota
Vehicle Model	Noah
Vehicle Variant	-
Vehicle Colour	Gray
Vehicle Category	Private car
Name of Driver	LIM KHNG LEE
NRIC No	SXXX714E
Contact Number	(Phone) +65-87386052



SKETCH PLAN

**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. The 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 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.

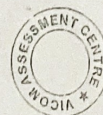


Policyholder's Signature  
Date & Time:

*[Signature]*

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

28 DEC 2020



Reporting Centre Personnel's Signature

Name: NG WING KIN JAMES

admin.vac@vicom.com.sg



Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2



SKETCH PLAN #3

**Lawrence Siow**

From: Lawrence Siow <lawrence\_siow@yahoo.com.sg>  
 Sent: Monday, December 28, 2020 10:05 AM  
 To: Lawrence Siow  
 Subject: Accident on 26/12/2021

**Reminders**

- On 26/12/20 Sat @About 14.40pm along Amk ave 5 at the junction toward CTE/SLE flyover on my right. My Van GBG 2366X collided with a Toyota NOAH SMP 4461M coming fm opp turning in front of me toward CTE/City. Before the accident there was a big 'Box' van and a few cars was in front of me and was moving at normal speed. Then suddenly i sneeze a few times and when i lifted up my head suddenly I saw a car in front of me coming from opposite turning to my left. I jammed brake but the left side of my van collided onto the left end of Toyota NOAH SMP 4461 driven by Mr Lim Khng Lee. Then this car move forward. Later I came out and walk toward it and saw 2 ladies and the driver was out of their vehicle already and looking at the damage of their vehicle. There was no physical injury to them and me. We exchange name and contact number as well as our Driving Licence where we took photo of it. After taking a few photos of both vehicle then i drive off because my van is blocking other vehicles. On 28/12/2020 Monday at about 0813hrs I have check with Mr Lim Khng Lee via SMSes and he confirm he has only one lady pax in his vehicle at the time of accident and everybody was fine.

Lawrence Siow



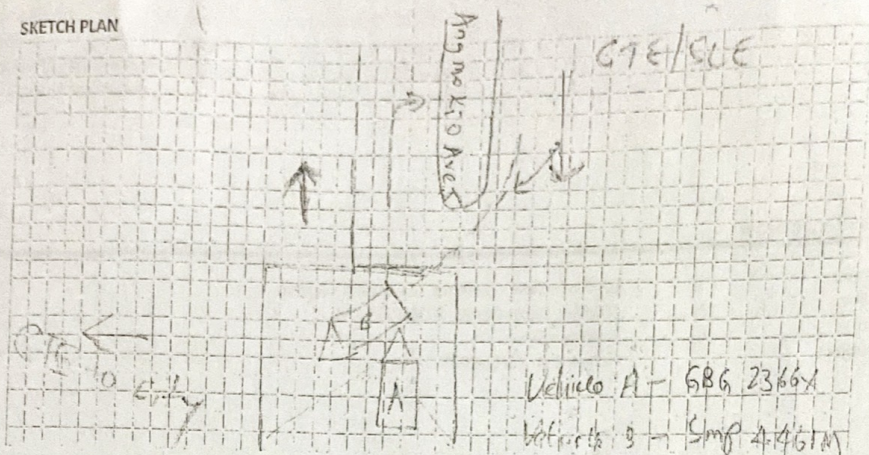
28 DEC 2020



**NG WING KIN JAMES**  
 admin.vac@vicom.com.sg



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer  
Attachment.

DECLARATION

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

Policyholder's Signature  
Date & Time:

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

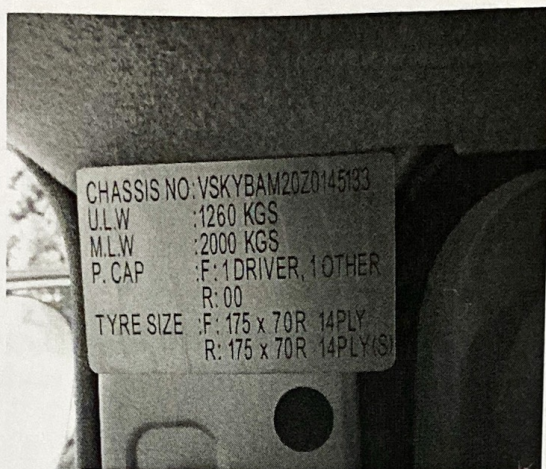
20 DEC 2020

Reporting Centre Personnel's Signature  
Name: NG WING KIN JAMES  
NRIC/FIN No: admin.vac@vicom.com.sg















IMAGES #6

