G|A 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 witholding 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	04/02/2021 18:14 (SGT)
Date of Accident	03/02/2021 20:25 (SGT)
Exact Location of Accident	Ang Mo Kio Ave 3, Singapore
Additional Location Information	TWDS ANG MO KIO AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2181S

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	YEW HONG RESTAURANT
Company Reg No	5XXXX030M
Email Address	limmeiling7020@gmail.com
Mobile Phone No	(Phone) +65-93697020
Alternative Phone No	+65-93697020

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?	No - Reporting only
Vehicle Category	Commercial vehicle

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5082607195-04
Cover Note Number	-

DRIVER

Name of Driver	LIM BEE LIN
NRIC No	SXXXX283B
Date Of Birth	18/02/1963
Occupation	Indoor

Date Of Driving Pass	03/11/1982
Driving experience	38 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-93697020
Alt. Phone Number	-
Email Address	limmeiling7020@gmail.com
Address	BLK 25 SIN MING ROAD
Address complement	#08-92
Postcode	570025
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Head to Rear
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

I WAS TRAVELLING FROM ANG MO KIO AVE 3 TWDS ANG MO KIO AVE 1.I STOP AT THE RED TRAFFIC LIGHT JUNCTION ,WHEN THE LIGHT TURN GREEN,INFRT OF MY PROCEED TO MAKE A LEFT TURN AND I FOLLOWED SUIT.SUDDENLY THE FRT VEH STOP COZ THE GUY WITH THE SCOOTER CROSS THE ROAD.I CAN'T STOP ONTIME AND MY VEH HIT ONTO THE REAR PORTION OF VEH B.

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	SMJ1502E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

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

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.
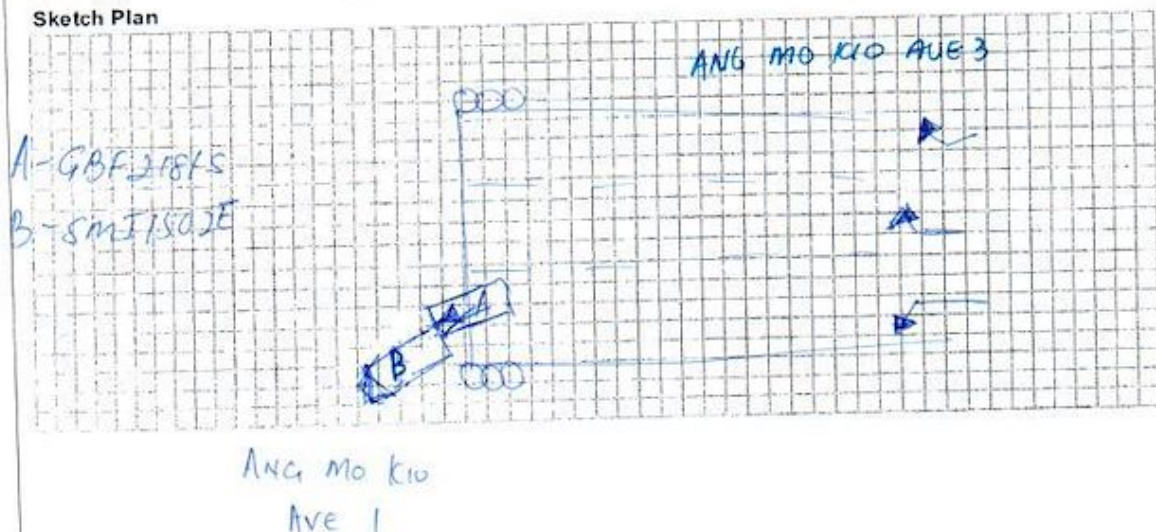
YEW HONG RESTAURANT

Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Witnessed by Reporting Centre Personnel

Sketch Plan

A- GBF 3787 S
B- SMT 1503 E

ANG MO KIO AVE 3

ANG MO KIO AVE 1

Describe Circumstances of the Accident

p/s refer to the statement.

Declaration

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

YEW HONG RESTAURANT

....
Policyholder's Signature / Date &
Time

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

04/02/21
_____
Witnessed by Reporting Centre
Personnel