

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 15/02/2021 16:22 (SGT)
Date of Accident 12/02/2021 08:50 (SGT)
Exact Location of Accident Lower Delta Rd, Singapore
Additional Location Information TOWARDS TIONG BAHRU ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number EV1188K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG SENG HEE
NRIC No SXXXX670Z
Email Address qualityautohub@yahoo.com.sg
Mobile Phone No (Phone) +65-97387757
Alternative Phone No +65-96791796

VEHICLE PARTICULARS

Manufacturer Toyota
Model Corolla
Variant -
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 - Reporting only
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company NTUC
Type of Coverage ThirdParty
Fleet Policy No
Policy Number 5109214230-01
Cover Note Number -

DRIVER

Name of Driver LIM HUI ENG, DOROTHY
NRIC No SXXXX677A
Date Of Birth 20/09/1962
Occupation Indoor

Date Of Driving Pass	15/06/1981
Driving experience	39 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96791796
Alt. Phone Number	-
Email Address	qualityautohub@yahoo.com.sg
Address	BLK 164 JALAN BUKIT MERAH #02-3633
Address complement	-
Postcode	150164
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Friend
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?	Yes
Police Station Name	Bukit Merah West Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18003779999
Alt. Police Station Phone No	(Fax) +65-63773923
Police Station Address	500 Bukit Merah View #01-01 Singapore 159682
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	SLN261Y
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	TAY JAVIER
NRIC No	SXXXXX707I

Contact Number	(Phone) +65-96347688
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN**IMPORTANT NOTICE**

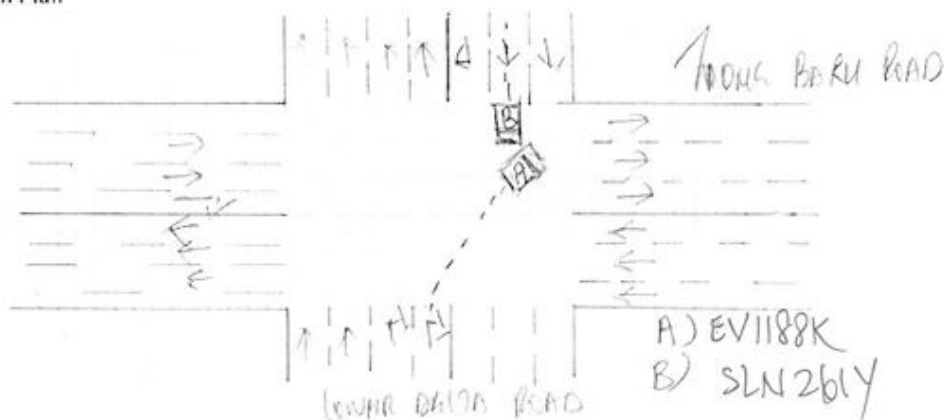
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that :
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


ON 12/02/2021 AT 0850 HRS I DRIVE FROM LOWER DELTA RD TURNING
RIGHT TO TONG BAHRU RD. HALFWAY THRU VEHICLE 'B' COMING STRAIGHT
FROM LOWER DELTA RD BRAC ONTO FRONT LEFT PORTION OF MY CAR (A)

Declaration


We declare the foregoing particulars are true in every respect.

 15/02/2021
12.47 PM

Policyholder's Signature / Date &
Time

 15/02/21 (1247 HRS)

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

 15/02/2021

Witnessed by Reporting Centre
Personnel







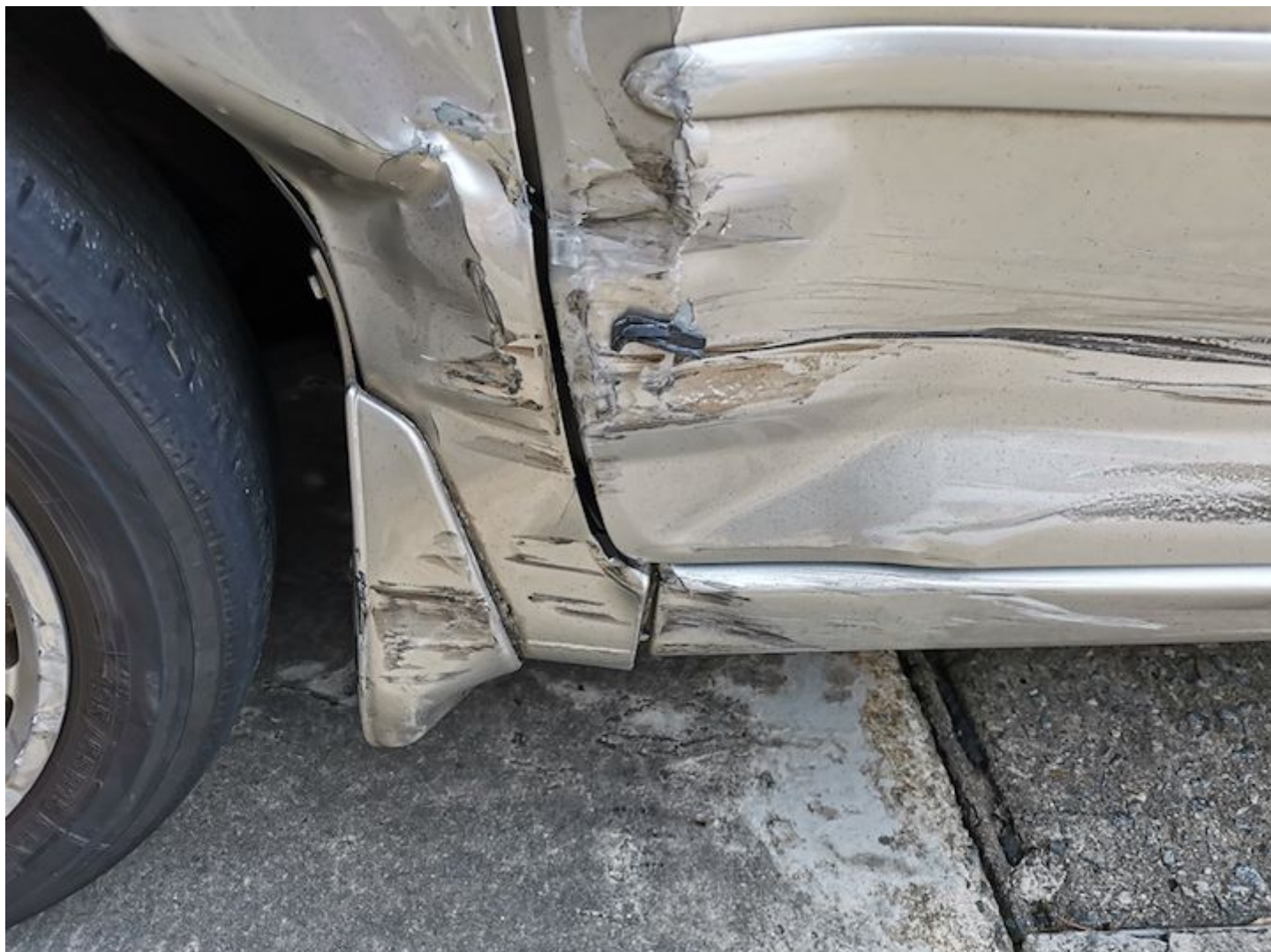




























IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SN08212F0005 Vehicle Registration No: EV1188K
 Name (as shown in NRIC): Lim Hui Gek Dorothy NRIC/FIN/Passport No: SXXX8677A
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9791796
 Email Address: _____
 Date of Accident: 15/02/2021 Time of Accident: 08:50
 Place of Accident: LEAHUR ROAD ROAD JARANG ROAD BRIDGE
 Insurance Company: XINUC

(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:

To Indicate Boat VEHICLE NUMBER on STREET ROAD

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: