SG0F212F0005-01 / GOLDBELL ENGINEERING PTE LTD ENTRY DATE & TIME: 15/02/2021 17:34 (SGT) SUBMITTED BY: Kon Yin Siew VERSION: 2 (16/02/2021 19:54 (SGT))



SINGAPORE ACCIDENT STATEMENT

- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

15/02/2021 17:34 (SGT) 14/02/2021 00:01 (SGT) Yishun Ave 1, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLH7860D

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner

NRIC No.

Email Address Mobile Phone No

Alternative Phone No

No

NGO YUN LING JOANNE

SXXXX773I

JNYL07@YAHOO.CO.KR

(Phone) +65-92719777

(Home) +65-93392058

VEHICLE PARTICULARS

Manufacturer

Model

Variant

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?

Vehicle Category

Toyota

Harrier

No - Claiming third party

Private car

INSURANCE COMPANY

Name of Insurance Company

Type of Coverage Fleet Policy

Policy Number

Cover Note Number

Allied World

Comprehensive

AVPPSB0551422002

LIM YING LI CHARA JOY

DRIVER

Name of Driver

NRIC No

Date Of Birth Occupation

21/08/1995

SXXXX442G

Indoor

Accident report SG0F212F0005

Page 1 of 15

Date Of Driving Pass 27/01/2021
Driving experience 1 MONTH
Gender Female
Mobile Number (Phone) +65-93392058
Alt. Phone Number

Alt. Phone Number

Email Address

Address

Address

BLK 605 YISHUN STREET 61

#08-313

Address complement #08-313

Postcode 760605

Is the driver the policyholder? No

If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?

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 Side Swipe
Weather Conditions Clear
Road Surface Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

No
Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

No

PASSENGER 1

Name NGO YUN LING JOANNE Gender Female

PASSENGER 2

Name NGO ZHEN YI JACELYN Gender Female

PASSENGER 3

Name NGO SI HAN DESMOND Gender Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN AND ADDENDUM FORM

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD2456P
Vehicle Manufacturer	-
Vehicle Model	
Vehicle Variant	-
Vehicle Colour	
Vehicle Category	Taxi
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

IMPORTANT NOTICE

- * Pease report correctly the details of the accident to speed up the claims process
- 2 This Formirust be completed by the Policyholder and/or the Authorised Driver
- 3. Information provided must be as truthful and accurate as possible. Any will insrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability
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- 6. The report will be forwarded by the insurers of the GIA Records Management Control 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 ledgement 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)

Lunderstand, 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 the 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
- ii) 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.
- (a) 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 chandling and/or dealing with my claims
- (collectively the 'Purposes')
- (b) all #surer(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 the≼ law yers law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's \$ gnature / Date 8 Oriver's Signature (# driver is not the policyholder) / Oate & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Terra

JOHN A MINT A MY

Describe Circumstances of				
On 14 Feb 2021 @ 12.01	am, I am travelling alon-	g Yishun Ave 1 on	lane 2	er o na diagnos con con concentrar a consequence a consequ
As I was thinking of wante	ed to turn right or go stria	ight at a very low s	peed about 35km/h	
Out of sudden, the vehicle	e "B" SHD2456P cut into	my lane at the fas	t speed and hit onto	my left side
of the front vehicle bumps	er, fender and left front d	oor without stoppin	ig. And we have to h	norn at he
till he stopped after the tra	affic junction. And the tax	ti driver just said le	ts insurance compa	ny do the
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I (Owner/ In -charge/ Driver)		Nnc No.	Vehicle no	No. 17 - 27 - 17 - 17 - 17 - 17 - 17 - 17 -
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Policyholder's Signature / Date & Time	Driver's Signature (# criver is r & Time	of the policyholder) / Date	 Witnessed by Report Ressonnel 	log Centre



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 - 17:00 URN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM					
(A)	A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:							
	Original Report No	: <u>SG0F212F0005</u>	Vehicle Registration No: <u>SLH 7860 D</u>					
	Name (as shown in NR	(): Lim Ying Li, Chara Joy	NRIC/FIN/Passport No : <u>\$95304426</u>					
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate							
	Address: Block 605, Yishun Street 61, #08-313 Singapore (760605)							
	Contact (Tel)	: NA	Mobile No. : <u>93392058</u>					
	Email Address	: charaajoy@gmail.com						
	Date of Accident Place of Accident Insurance Company	: 14 February 2021 : Yishun Avenue 1 : Allied World	Time of Accident : <u>00:00</u>					
(B)	ADDITIONAL INFOR	MATION / AMENDMENTS:						
	I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:							
	On 14th February 2021 at 00:00, I was driving motor vehicle SLH7860D intending to go home. Whilst I was driving along Yishun Avenue 1 on lane 2, I had intended to go straight. I was driving slowly at est 35 kph in my lane. Then suddenly, motor taxi vehicle SHD2456P came at a fast speed from my left from the 3rd lane, brushed across my vehicle's front left side door and hit into the front left vehicle bumper fender. After the accident, the driver of the taxi did not stop immediately but continued driving ahead. I would assume he wants to escape from his responsibility of this accident. I had to horn at him and followed him from behind until he finally stopped his car.							
	He then came out of his car and said let the insurance company to do the accident repair settlement. His motor taxi sustained scratches to the centre right side of his car. Unfortunately, the car I drove did not have any recordings in the SD card due to some card error which we tried to retrieve via different means, but to no avail. The other motor taxi has it and he should allow his cctv footage to be used if he disputes the claim for the damage caused to my car. No one suffered any injury.							
	Policyholder/ Drive	r's Signature	Reporting Centre Personnel's Signatu	ıre				
	Date:		Name: NRIC/FIN No.:					
			Date:					