

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 11/03/2021 14:57 (SGT)
Date of Accident 09/03/2021 11:10 (SGT)
Exact Location of Accident Upper Serangoon Rd, Singapore
Additional Location Information JUST AFTER BOUNDARY ROAD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMC6533U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner BUI KIM NHANH
NRIC No SXXXX655A
Email Address limits@peceng.com
Mobile Phone No (Phone) +65-96618050
Alternative Phone No +65-90053535

VEHICLE PARTICULARS

Manufacturer Mitsubishi
Model Eclipse cross
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
Transmission Auto
CC 1499

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5120470210
Cover Note Number -

DRIVER

Name of Driver BUI KIM NHANH
NRIC No SXXXX655A

Date Of Birth	19/09/1978
Occupation	Indoor
Date Of Driving Pass	23/12/2002
Driving experience	18 YEARS AND 3 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96618050
Alt. Phone Number	+65-90053535
Email Address	limts@peceng.com
Address	BLK 659C JURONG WEST STREET 65 #08-355
Address complement	-
Postcode	643659
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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	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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	0
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

ON 09-03-2021 AT ABOUT 11:10HRS I WAS TRAVELLING ALONG UPPER SERANGOON ROAD JUST AFTER BOUNDARY ROAD A BUS SBS6069P BUMP INTO THE REAR RIGHT OF MY CAR SMC6533U AND HE ACCUSED ME OF BUMP INTO HIS BUS BY RIGHT I AM ON MY LANE.

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	SBS6069P
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus
Name of Driver	HE YOUGANG
Passport No/FIN	OXXXXXX8939

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

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	BUI KIM NHANH
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	SLIGHT INJURY
Injured person in which vehicle?	SMC6533U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

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.

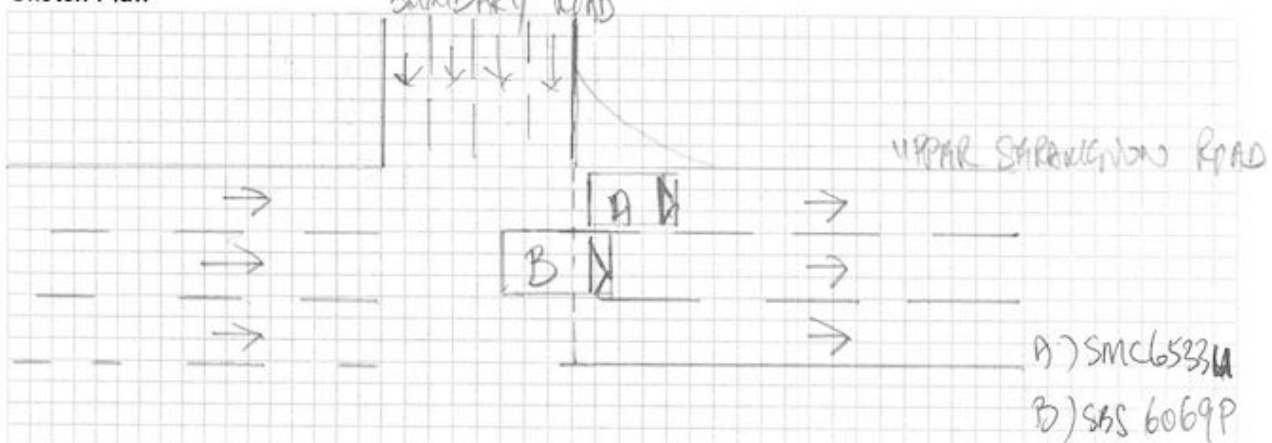
BUI 

Policyholder's Signature / Date & Time

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


11/03/2021
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident


AS per statement

Declaration

We declare the foregoing particulars are true in every respect.


 Policyholder's Signature / Date & Time

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

 11/03/2024
 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: SN08213B0002 Vehicle Registration No: SMC 65334
 Name (as shown in NRIC): BUL KIM NATHAN NRIC/FIN/Passport No: SXXXX6558
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 96618050
 Email Address: _____
 Date of Accident: _____ Time of Accident: 11:10
 Place of Accident: 29/03/2021
 Insurance Company: UPPER SUPERIOR RO LUN OPTIK BANGKAY

(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:

THIRD PARTY VEHICLE NUMBER 20S 6669P ON SKANDAL PARK

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name:

利民诊所

Shalom Clinic + Surgery

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

Medical Certificate

Date : 11 Mar 2021

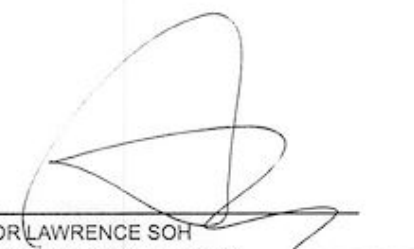
MC No. : 0000175147

This is to certify that :

Name : BUI KIM NHANH

NRIC : S7886655A

is Unfit for Duty for 2 days
from 12 Mar 2021 to 13 Mar 2021 inclusive.


 DR LAWRENCE SOH
 MA, MBBS, MSc(OM), FAMS
 MCR: M02610G

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

利民诊所

Shalom Clinic + Surgery

Alexandra Village
Blk 123, #01-104
Bukit Merah Lane 1
Singapore 150123
Tel: 6278 0270
Fax: 6278 4215

Receipt

Date : 11 Mar 2021

Receipt No. : 399633

Received the sum of \$40.00 from

Name : BUI KIM NHANH

NRIC : S7886655A

in payment of invoice no. 368703

Payment by : CASH