

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	05/04/2021 12:23 (SGT)
Date of Accident	04/04/2021 12:25 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	TPE(CHANGI) EXIT 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL1518L
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM YONG HENG
NRIC No	S1579181J
Email Address	LIMYH118@YAHOO.COM.SG
Mobile Phone No	(Phone) +65-90228298
Alternative Phone No	+65-90228298

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Shuttle
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 - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5114952201-01
Cover Note Number	15/02/2021 - 14/02/2022

DRIVER

Name of Driver	LIM YONG HENG
NRIC No	S1579181J

Date Of Birth	07/02/1963
Occupation	Indoor
Date Of Driving Pass	25/11/1982
Driving experience	38 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90228298
Alt. Phone Number	+65-90228298
Email Address	LIMYH118@YAHOO.COM.SG
Address	BLK 777 PASIR RIS ST 71 #04-418
Address complement	-
Postcode	510777
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	Raining
Road Surface	Wet

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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	CHILD
Gender	Female

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

MY VEHICLE WAS TRAVELLING ON THE LEFTMOST LANE OF TPE(CHANGI) NEAR EXIT 1. TRAFFIC WAS LIGHT AND RAINING. AS I WAS DRIVING STRAIGHT,VEHICLE B CAME AT A FAST SPEED AND HIT ONTO MY RIGHT MIRROR. VEHICLE B DID NOT STOPPED AND I PROCEED TO GIVE CHASE VEHICLE B. VEHICLE B THEN STOPPED FURTHER AHEAD AND KEEP ARGUE OVER THE ACCIDENT OCCURRENCE. POLICE WAS CALLED IN AS VEHICLE B DRIVER REFUSED TO CO-OPERATE AND WAS GIVEN A CASE NUMBER (G/20210404/0118). POLICE THEN INFORMED US TO LODGE INSURANCE REPORT ACCORDINGLY. I LEFT AFTERWHICH. NO ONE WAS INJURED.

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	SLJ5198K
Vehicle Manufacturer	Volvo

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	CHEW SIOU KEY
NRIC No	S1343031D
Contact Number	-
Address	BLK 715 PASIR RIS ST 72 #03-21
Address complement	-
Postcode	510715
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	LEFT WING MIRROR
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	PASSENGER
Gender	Female

NRIC Inquire Motor Service Centre

Report No. MH

DOA

Vehicle No:

Make Model

SL11318L

H/shuttle

Report Date: 5/4/2021

Report Type:

Start Time: 12:13 PM

End Time:

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

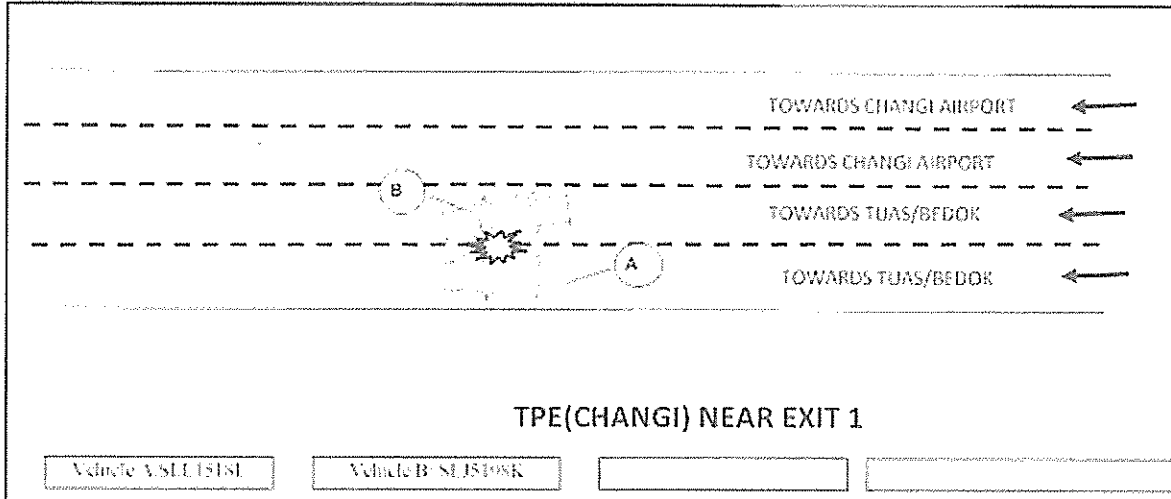
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers 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 purposes 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 be 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 also be disclosed by any of the Insurers and/or GIA to the 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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Chen Jun Liang
NRIC/Fin No. S990765


SKETCH PLAN




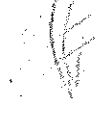
MY VEHICLE WAS TRAVELLING ON THE FIFTH MOST LANE OF TPE(CHANGI) NEAR EXIT 1. TRAFFIC WAS LIGHT AND RAINING. AS I WAS DRIVING STRAIGHT, VEHICLE B CAME AT A FAST SPEED AND HIT ONTO MY RIGHT MIRROR. VEHICLE B DID NOT STOPPED AND I PROCEED TO GIVE CHASE VEHICLE B. VEHICLE B THEN STOPPED FURTHER AHEAD AND KEEP ARGUE OVER THE ACCIDENT OCCURRENCE. POLICE WAS CALLED IN AS VEHICLE B DRIVER REFUSED TO CO-OPERATE AND WAS GIVEN A CASE NUMBER (G 20210404 0118). POLICE THEN INFORMED US TO LODGE INSURANCE REPORT ACCORDINGLY. FIFTEEN MINUTES AFTER WHICH NO ONE WAS INJURED.

DECLARATION

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


 5/4/2021 12:13
 Policyholder's Signature
 Date & Time


 5/4/2021 12:13
 Driver's Signature (if driver is not the policyholder)
 Date & Time


 Reporting Centre Person's Signature
 Name: Chen JunLiang
 NRIC: Fin No: S990705













