

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 19/04/2021 17:57 (SGT)
Date of Accident 18/04/2021 15:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ABC BRICKWORKS GANRTY NEAR BLK 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV1197P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LOK GIM TEONG
NRIC No S2607384G
Email Address xiwen1@hotmail.com
Mobile Phone No (Phone) +65-96659619
Alternative Phone No +65-96659619

VEHICLE PARTICULARS

Manufacturer Honda
Model HONDA / CIVIC 1.6 VTI CVT
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 1600

INSURANCE COMPANY

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

DRIVER

Name of Driver LOK XI WEN
NRIC No S9510011B

Date Of Birth	24/03/1995
Occupation	Outdoor
Date Of Driving Pass	15/04/2014
Driving experience	7 YEARS
Gender	Male
Mobile Number	(Phone) +65-98269332
Alt. Phone Number	-
Email Address	xiwen1@hotmail.com
Address	BLK 523C #14-10114-101 TAMPINES CENTRAL 7
Address complement	-
Postcode	523523
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LOH KAR WEN GERMAINE
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

REFER ATTACHED;

ATTACHMENT(S)

Are accident photos available for attachment?	No
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	LOK XI WEN
Gender	Male
Phone No	-
Address	-

Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV1197P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	LOH KAR WEN GERMAINE
Gender	Female
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SMV1197P
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.

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date & Time

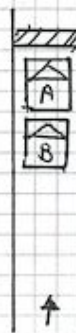
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

19 APR 2021

Sketch Plan

Veh A: SMV1197P
Veh B: SJR2895H



Describe Circumstances of the Accident


Handwritten notes in the description area:

- Refer
- 110
- Attached

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4 #02-02
 Singapore 415933
 Tel: 67416697 Fax: 67492305
 Email: vackb@vicom.com.sg

Witnessed by Reporting Centre
 Personnel

19 APR 2021

ON THE STATED DATE AND TIME. I , VEHICLE A (SMV1197P) WAS TRAVELLING STRAIGHT ON THE STATED VENUE. SUDDENLY I FELT A HUGE IMPACT FROM THE REAR PORTION OF MY VEHICLE. AFTER I ALIGHTED I THEN REALISE THAT IS VEHICLE B (SJR2895H) THAT HAD COLLIDED ONTO MY VEHICLE.

VEHICLE A : SMV1197P

VEHICLE B : SJR2895H



















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
 UEN: S66550020G / GST Reg. No.: M400017735

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0L214J000F Vehicle Registration No: SMV1197P
 Name (as shown in NRIC) : *LOK XI WEN NRIC/FIN/Passport No : SXXXX011B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore()
 Contact (Tel) : _____ Mobile No.: * 88173036
 Email Address : _____
 Date of Accident : 18/04/2021 Time of Accident : 15:25
 Place of Accident : *ABC BRICKWORKS GANRTY NEAR BLK 1
 Insurance Company: NTUC INCOME

(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 UPDATE; RE UPLOAD CORRECT PHOTOS

FILE BY SITl

Policyholder / Driver's Signature
 Date: 23.04.2021

IDAC KAKI BUKIT

Reporting Centre Personnel's Signature
 Name: SITl
 NRIC/FIN No.:
 Date: 23.04.2021