

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	05/05/2021 15:50 (SGT)
Date of Accident	04/05/2021 18:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	UPPER SERANGOON RD SLIP RD TO BUANGKOK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE9696H
-----------------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	LIQUOBEER SUPPLY
Company Reg No	53292264J
Email Address	john.pyj@hotmail.com
Mobile Phone No	(Phone) +65-90029750
Alternative Phone No	+65-90029750

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	TOYOTA / TOYOTA HIACE VAN TURBO 5 DR MANUAL
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	3000

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5117718863
Cover Note Number	-

DRIVER

Name of Driver	LEW MAN SENG
NRIC No	S1667980A

Date Of Birth	01/02/1964
Occupation	Outdoor
Date Of Driving Pass	15/05/2008
Driving experience	13 YEARS
Gender	Male
Mobile Number	(Phone) +65-90029750
Alt. Phone Number	-
Email Address	john.pyj@hotmail.com
Address	18B CIRCUIT ROAD #11-248
Address complement	-
Postcode	372018
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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 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?	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?	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	SHC3212A
Vehicle Manufacturer	Toyota
Vehicle Model	TOYOTA / PRIUS 5DR HATCHBACK (AUTO)
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) -

INJURED PERSONS DETAILS

INJURED 1

Name of injured person LEW MAN SENG
Address -
Address Complement -
Post Code -
Approximate Age Years Old -
Injuries Sustained -
Injured person in which vehicle? GBE9696H
Were seat belts worn? Yes
Was this injured conveyed to hospital by ambulance? No

SKETCH PLAN

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. The 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.
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.



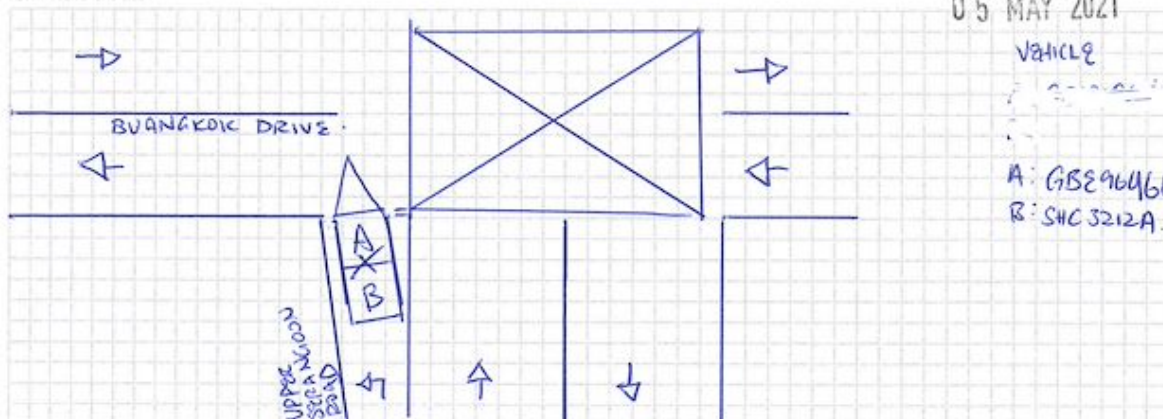
Policyholder's Signature / Date & Time

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

Sketch Plan



Describe Circumstances of the Accident

ON THE STATED DATE, TIME AND LOCATION. I VEHICLE "A" WAS TRAVELING AT THE AVENUE. I WAS ON THE GIVE WAY ROAD TRAVELING. I SLOW DOWN AND CAME TO A STOP TO LOOK OUT FOR ON COMING VEHICLES. ALL OF A SUDDEN. THERE WAS A HUGE IMPACT FROM MY VEHICLE REAR. I CAME DOWN AND REALISE VEHICLE "B" COLLIDED ONTO MY VEHICLE "A" IN REAR. WE EXCHANGE DETAILS AND MOVE ON. THE NEXT DAY I FELT PAIN ON MY NECK, SHOULDER, LOWER BACK AND LEFT KNEE AND I WENT TO CONSULT MY FAMILY DOCTOR AND WAS GIVEN 2 DAYS MC.

Declaration

I/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 05 MAY 2021



INTEMEDICAL KOVAN

210 Hougang St21 #01-233 530210
Tel: (65) 6243 3036 Fax: (65) 6243 3103

INTEMEDICAL

MEDICAL CERTIFICATE

MC No: OD-KV0000097562

NAME: LEW MAN SENG

NRIC: S1667980A

This is to certify that the above patient name is Unfit for Duty for a period of 2 day

from **05-05-2021** to **06-05-2021** inclusive.

Note: This certificate is not valid for absence from court or other judicial proceedings.

DR TYLER JIE SHENG LIM

MBBS. (S'pore), GDFM (S'pore)

MCR 19711D

INTEMEDICAL KOVAN

210 HOUGANG ST 21 #01-233

SINGAPORE 530210

TEL: (65) 6243 3036 FAX: (65) 6243 3103

EMAIL: contact.kovan@intemedical.com

Tyler Jie Sheng Lim

MCR: M19711D

**MBBS (SINGAPORE), GDFM
(SINGAPORE)**

Signature

05/05/2021

Date

















