# **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 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 10/05/2021 09:47 (SGT) Date of Accident 08/05/2021 13:05 (SGT) Exact Location of Accident Singapore Additional Location Information CTE TWRDS AYE(BEFORE BRADELL ROAD EXIT) Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **SLU2101B** 

#### INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner LIM TIAN KOCK NRIC No. SXXXX016E Email Address jasonkcapl@gmail.com Mobile Phone No (Phone) +65-97856063 Alternative Phone No +65-97856063

#### VEHICLE PARTICULARS

Manufacturer

Model TOYOTA / CAMRY 2.4 AUTO ABS AIRBAG 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 2400

#### **INSURANCE COMPANY**

Name of Insurance Company NTUC Income Insurance Co-operative Ltd Type of Coverage Comprehensive Fleet Policy Policy Number 5106913941-02 Cover Note Number

#### DRIVER

Name of Driver LIM TIAN KOCK NRIC No. SXXXX016E

Date Of Birth 18/04/1957 Occupation Indoor Date Of Driving Pass 07/12/1978 Driving experience 42 YEARS AND 5 MONTHS Gender Mobile Number (Phone) +65-97856063 Alt. Phone Number +65-97856063 Email Address jasonkcapl@gmail.com Address BLK 406B #16-43 FERNVALE ROAD Address complement Postcode 792406 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 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 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο PASSENGER 1 Name TEO HOCK LAI Gender Male 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 SMW694Y Vehicle Manufacturer

Kia

Private car

KIA / CERATO 1.6(A) SUNROOF

## Occident report SV0L215A0004

Vehicle Variant Vehicle Colour Vehicle Category

Vehicle Model

Name of Driver NRIC No	TAY ZHONG XUN
Contact Number	-I (Dhone) :6E 94000191
A 11	(Phone) +65-84999181
Address	-
Address complement	-
Postcode	-
Insurance Company Name	AIG Asia Pacific Insurance Pte. Ltd.
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

### INJURED PERSONS DETAILS

#### INJURED 1

Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle? Were seat belts worn? Was this injured conveyed to hospital by ambulance?	LIM TIAN KOCK SLU2101B Yes No
INJURED 2	
Name of injured person Address Address Complement Post Code Approximate Age Years Old Injuries Sustained Injured person in which vehicle?	- - - SLU2101B
Were seat belts worn? Was this injured conveyed to hospital by ambulance?	Yes No

#### SKETCH PLAN

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- 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,
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

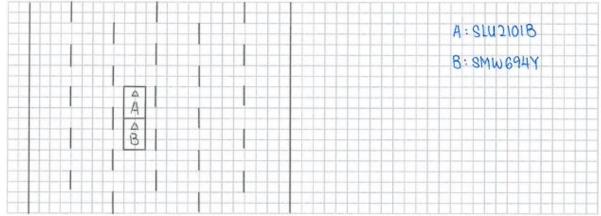
IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4 #02-02
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@vicom.com.sg

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre Personnel 1 MAY 2021

Sketch Plan



Describe Circumstances of the Accident

On 08.05.2021 at about 13:05 pm. I was travelling	along CTE towards AYE (Before
Braddell Road Exit). The front vehicle slowed down	and stopped, I follow. Suddenly,
vehicle 8 hit my rear portion.	
Declaration	
We declare the foregoing particulars are true in every respect.	IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4#02-02 Singapore 415933
11 1/2	Tel: 67416697 Fax: 67492309 Email: vackb@vicom.com.sg

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

& Time

Policyholder's Signature / Date & Time

Witnessed by Reporting Centre Personnel 1 0 MAY 2021

NEO MEDICAL CENTRE	MEDICAL CERTIFICATE
BLK. 120, POTONG PASIR AVE. 1, #01-818 SINGAPORE 350120.	Ref No
TEL: 62854210	Date 0 9 MAY 2021
This is to certify that	Kosla
is unfit for work/ school for a period of 2 (	720 days
from 0 9 MAY 2021 to 15.2	∠ inclusive.
is fit only for light duty from	toinclusive.
is fit for duty/ school from	
is excused from physical exercises/	forweeks/months.
for review on DATE OF ACCIDEN	
Remarks/Diagnosis SLU 2101/B	
Time in: am/pm	
am/pm THIS INJURY IS HAT	O RECORD PURPOSE. NDLED BY CHIA S ARUL LLC
THE INJURED PERS	SON WAS GIVEN 2 DAYS MC
A No. 102117 THE OTHER PARTY	"S INSURANDO ANY: AIC

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















