

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	26/02/2021 17:07 (SGT)
Date of Accident	26/02/2021 13:37 (SGT)
Exact Location of Accident	Near 1 Clementi Loop, Singapore 129808
Additional Location Information	ALONG CLEMENTI AVENUE 6 TOWARDS PIE (WOODLANDS)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMS1229Y
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	TKB SERVICES
Company Reg No	5XXXX739C
Email Address	kim.bock.tay@gmail.com
Mobile Phone No	(Phone) +65-91060716
Alternative Phone No	(Office) +65-91060716

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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

INSURANCE COMPANY

Name of Insurance Company	NTUC
Type of Coverage	ThirdParty
Fleet Policy	Yes
Policy Number	5120285560
Cover Note Number	-

DRIVER

Name of Driver	LEE WEI MING, JAMES
NRIC No	SXXXX585Z
Date Of Birth	23/11/1997
Occupation	Outdoor

Date Of Driving Pass	21/05/2018
Driving experience	2 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88944530
Alt. Phone Number	-
Email Address	jamesleewm2311@gmail.com
Address	APT BLK 35 MARSILING DRIVE
Address complement	#24-403 SINGAPORE
Postcode	730035
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Other
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 - Change/cross lane
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?	No
Was any injured conveyed to hospital by ambulance?	-
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

PLEASE REFER TO 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	SHD6359K
Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	MOHAMAD NOOR BIN MOHAMAD ARSHAD
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-

Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT NOTICE**

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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' 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")

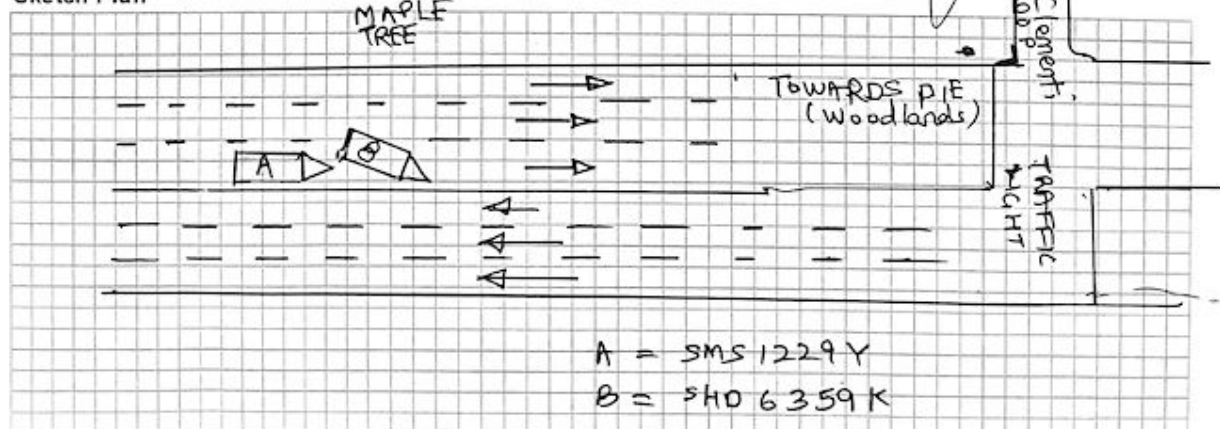
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

Policyholder's Signature / Date & Time: 26/2/21

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

Witnessed by Reporting Centre Personnel: _____

Sketch Plan

Describe Circumstances of the Accident

I was driving along the fast lane towards PIE (woodlands). I'm Very certain and always keep a safe distance of about four vehicle lengths from the other road user ahead. Then suddenly a taxi (vehicle B) cut into my path from my left without any signal. As a result I could not stop in time to avoid ~~it to~~ coming into contact with vehicle B. I came out to inspect and notice vehicle B right corner bumper was damaged my vehicle A front left corner in.

Declaration

We declare the foregoing particulars are true in every respect.

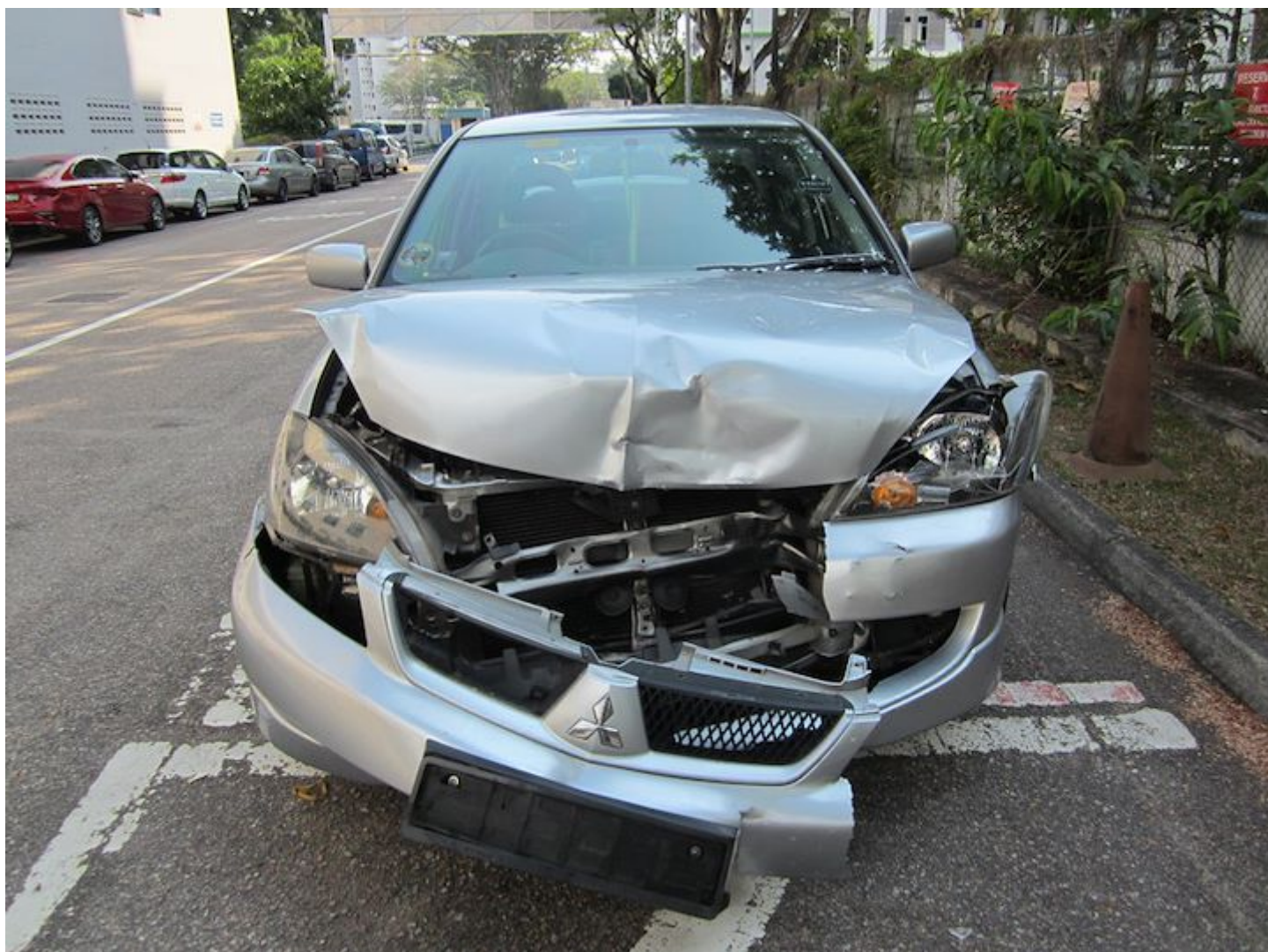

Policyholder's Signature / Date & Time



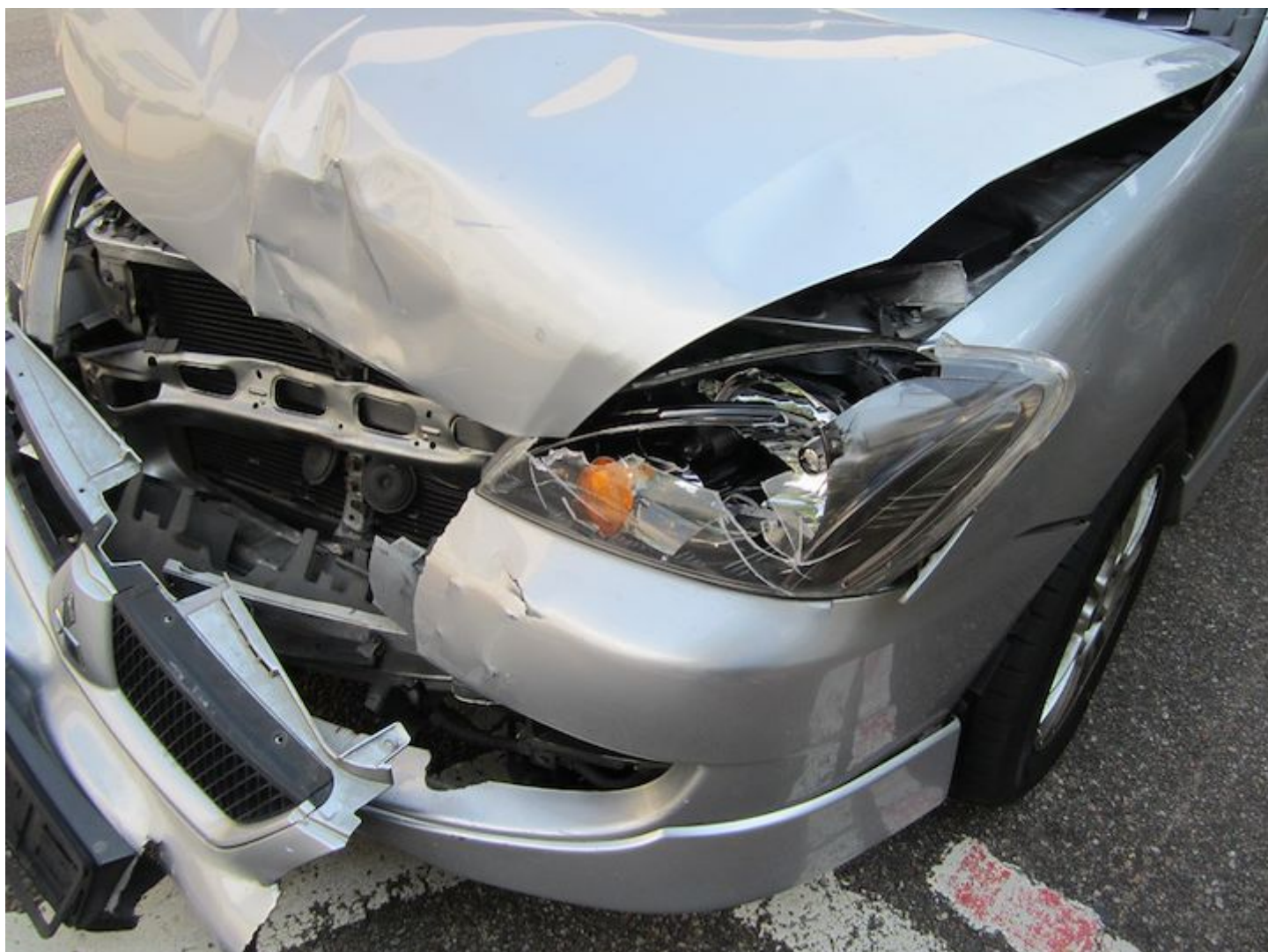

Driver's Signature (if driver is not the policyholder) / Date & Time


Witnessed by Reporting Centre Personnel

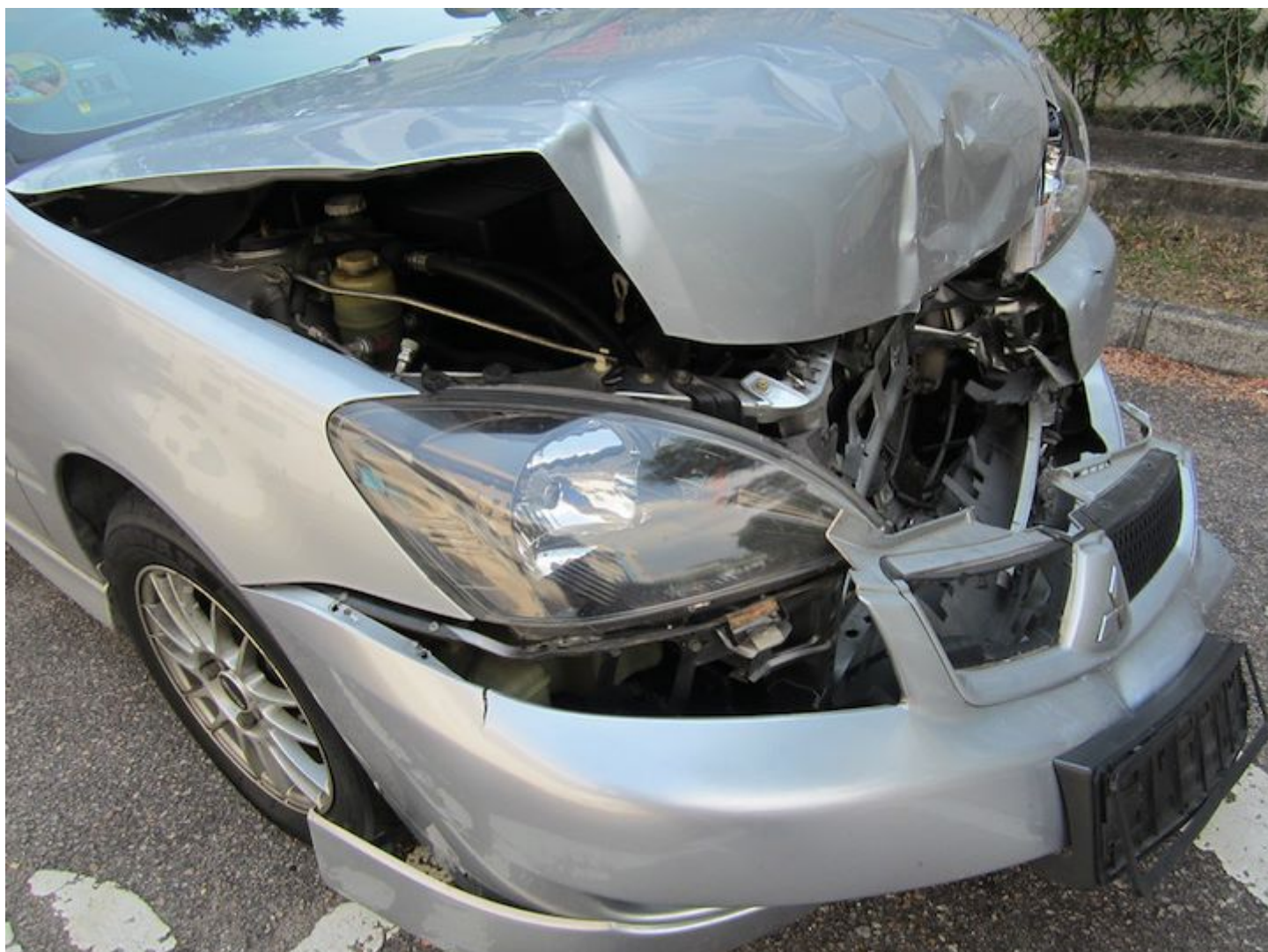












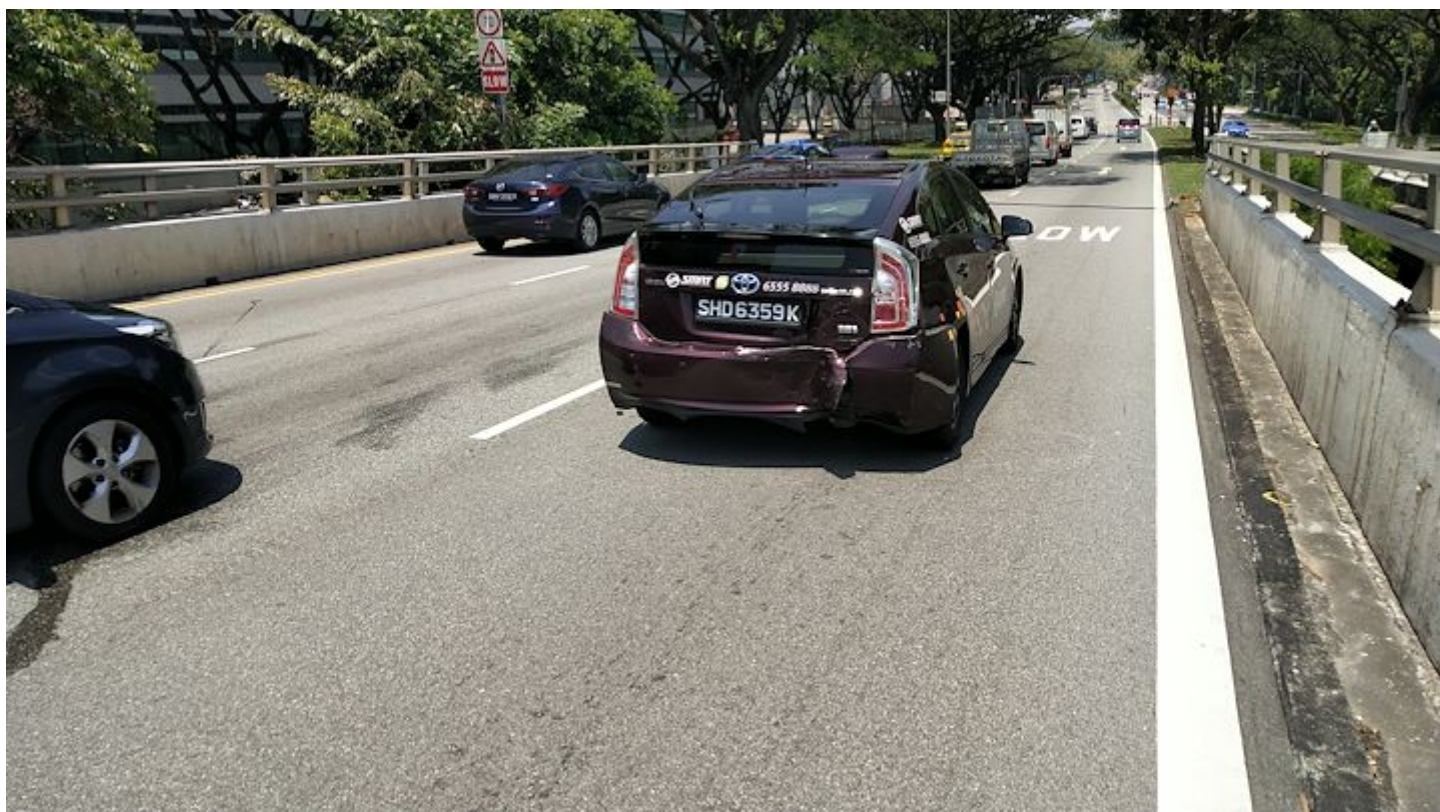
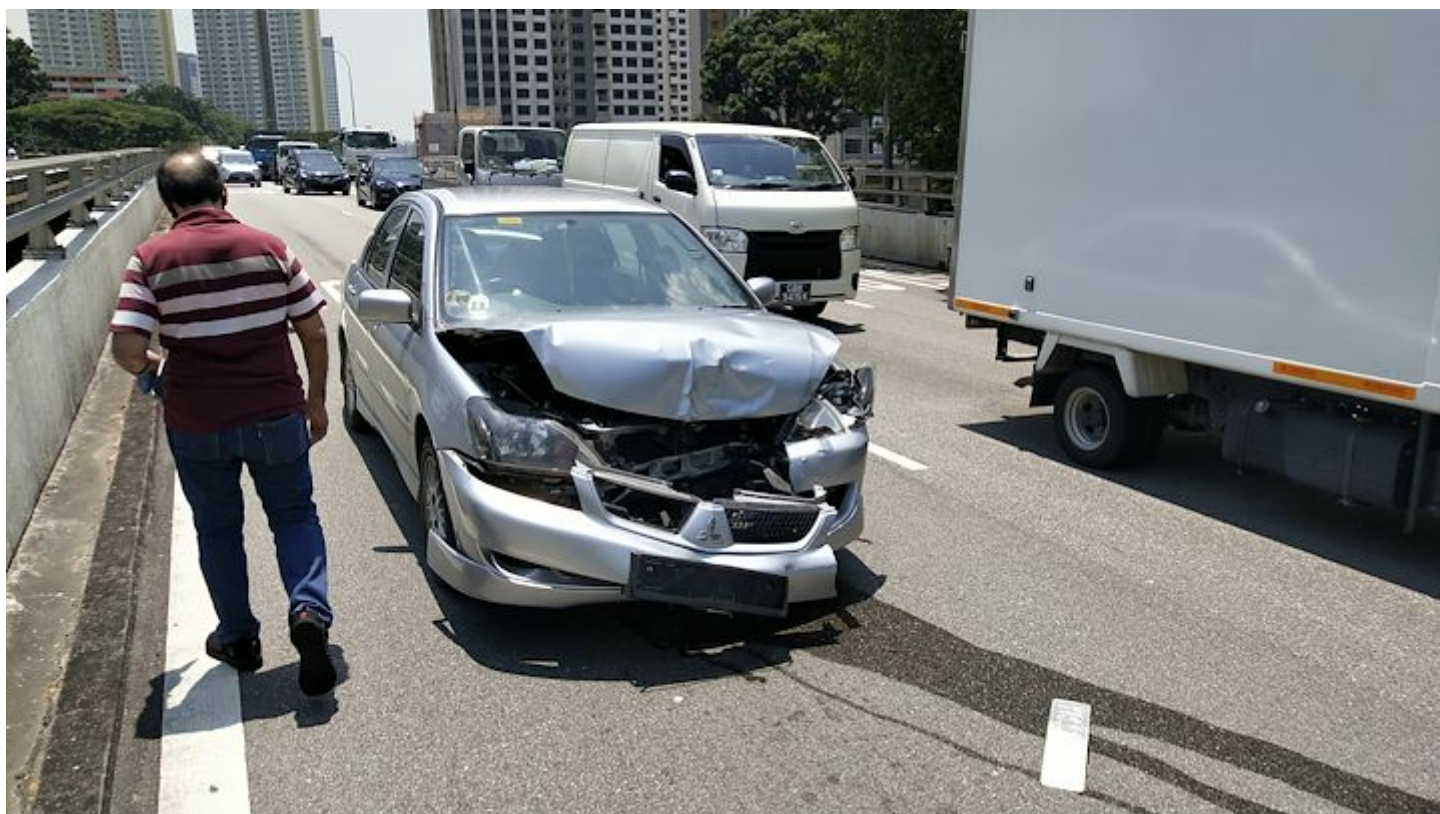














IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: SS21212Q0006 Vehicle Registration No: SMS 1229Y
 Name (as shown in NRIC): LEE WEI MING, JAMES NRIC/FIN/Passport No: SXXXX 5852
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: APT BLK 35 MARSHING DRIVE #24-403 Singapore (730035)
 Contact (Tel): 9106 0716 Mobile No.: 8894 4530
 Email Address: jamesleewm2311@gmail.com
 Date of Accident: 26/02/2021 Time of Accident: 18:37
 Place of Accident: ALONG CLEMENTI AVENUE 6 TOWARDS PIE (WOODLANDS)
 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:

① TO AMEND TYPE OF ACCIDENT TO "CHANGE, CROSS LANE"
 INSTEAD OF "HEAD TO REAR".

IDAC - SIN MING
 STA Inspection Pte Ltd
 302 Sin Ming Road
 Singapore 575627
 Tel : 6555 6888
 Fax : 6454 3279

Policyholder / Driver's Signature
 Date:

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