

## 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 ..... 10/07/2021 15:03 (SGT)  
Date of Accident ..... 10/07/2021 11:45 (SGT)  
Exact Location of Accident ..... Near 600 Sin Ming Ave, Singapore  
Additional Location Information ..... SLIP ROAD MARYMOUNT TO SIN MING AVE  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SKZ6020K

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... CHEE LIM CHEUNG  
NRIC No ..... SXXXX193J  
Email Address ..... Limsookpuay@gmail.com  
Mobile Phone No ..... (Phone) +65-90368903  
Alternative Phone No ..... +65-90368903

#### VEHICLE PARTICULARS

Manufacturer ..... Nissan  
Model ..... Sylphy  
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 ..... 507727616-05  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... LIM SOOK PUAY  
NRIC No ..... SXXXX730C

Date Of Birth .....	04/07/1956
Occupation .....	Indoor
Date Of Driving Pass .....	12/08/1976
Driving experience .....	44 YEARS AND 11 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-97545029
Alt. Phone Number .....	-
Email Address .....	Limsookpuay@gmail.com
Address .....	BLK 323 JURONG EAST STREET 31 #12-208
Address complement .....	-
Postcode .....	600323
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Spouse
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 .....	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 vehicle 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 .....	CHEE GUAN JIA
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

VEH A STOPPED ALONG SLIP RD OF MARYMOUNT RD TOWARDS SIN MING AVE TO GIVE WAY. WHEN ABOUT TO MOVE OFF, SUDDENLY VEH B COULD NOT STOP IN TIME AND ITS FRONT COLLIDED ONTO MY VEH A REAR PORTION. MY VEHLCE SUSTAINED REAR DAMAGES. NOBODY INJURED.

#### ATTACHMENT(S)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	GBF2956Z
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-

Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	LIM CHENG SOON
NRIC No .....	SXXXX987H
Contact Number .....	-
Address .....	-
Address complement .....	BLK 301A NCHORVALE DRIVE #11-03
Postcode .....	541301
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

**SKETCH PLAN**

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7. By the lodgment 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.
  - (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 reasonably required for the purposes stated, or
    - (ii) for complying with requirements under any regulations, laws or court orders.

  
 Policyholder's Signature Date  
 & Time 10/7/21  
 1255 hrs

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

   
 Reporting Centre Personnel's Signature  
 Name  
 NRIC/FIN No. 763-J

SKETCH PLAN

Date & Time of Accident: 10.07.21, 1145

Location: Slip Rd Marymount to Sin Ming Ave

Veh A: SK26020K Veh B: GPF 2956Z Veh C/Others: -



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Veh A stopped along slip Rd of Marymount Rd towards Sin Ming Ave to give way.

When about to move off, suddenly veh B would not stop in time and it's front collided onto my veh A's rear position. My veh sustained rear damages.

Nobody injury.

- Own Damage Claim at Lim Tan Motor
- TP Claim at Lim Tan Motor
- Own Damage Claim at Other Workshop
- TP Claim at Other Workshop
- Reporting Only

I/We hereby authorised Lim Tan Motor Pte Ltd to forward my/our filed GIA accident report to:-

My/Our workshop via email : \_\_\_\_\_  
 My/Our email : \_\_\_\_\_

DECLARATION

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

Chae  
 Policyholder's Signature Date  
 & Time 10/7/21  
 1255 hrs

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

[Signature]  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No 763 J



















