

# 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  
Date of Accident 09/07/2021 17:11 (SGT)  
Exact Location of Accident 09/07/2021 14:20 (SGT)  
Additional Location Information Singapore  
Country/State of Loss UPPER BUKIT TIMAH ROAD TOWARDS WOODLANDS ROAD  
NEAR TO KING ALBERT PARK AREA, NEAR LAMPPOST 257  
Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number SKD5386C  
INSURED/POLICYHOLDER  
Is company? Yes  
Name Of Registered Owner KH LEASING PTE. LTD.  
Company Reg No 201611813C  
Email Address Kahupleasing@gmail.com  
Mobile Phone No (Phone) +65-90690032  
Alternative Phone No +65-90690032

## VEHICLE PARTICULARS

Manufacturer Hyundai  
Model Elantra  
Variant -  
Exact purpose for which vehicle was being used at time of accident Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party  
Vehicle Category Private hire  
Transmission Auto  
CC 1600

## INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd  
Type of Coverage ThirdParty  
Fleet Policy No  
Policy Number 5119667323  
Cover Note Number -

## DRIVER

Name of Driver LAU HUN BENG

Accident report SN072179000T

NRIC No	S6903445D
Date Of Birth	31/01/1969
Occupation	Outdoor
Date Of Driving Pass	20/04/1993
Driving experience	28 YEARS AND 3 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96138802
Alt. Phone Number	-
Email Address	Hblarrylau@yahoo.com.sg
Address	BLK 339 CLEMENTI AVENUE 5 #03-266
Address complement	-
Postcode	120339
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
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 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	UNKNOWN
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 TO SKETCH PLAN.

#### 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	SKL8820D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-



Accident report SN072179000T

Vehicle Category	Private car
Name of Driver	NG POH LI
NRIC No	S7404018G
Contact Number	(Phone) +65-97991151
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

PASSENGER 1

Name	UNKNOWN
Gender	-





## 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.
- (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: \*

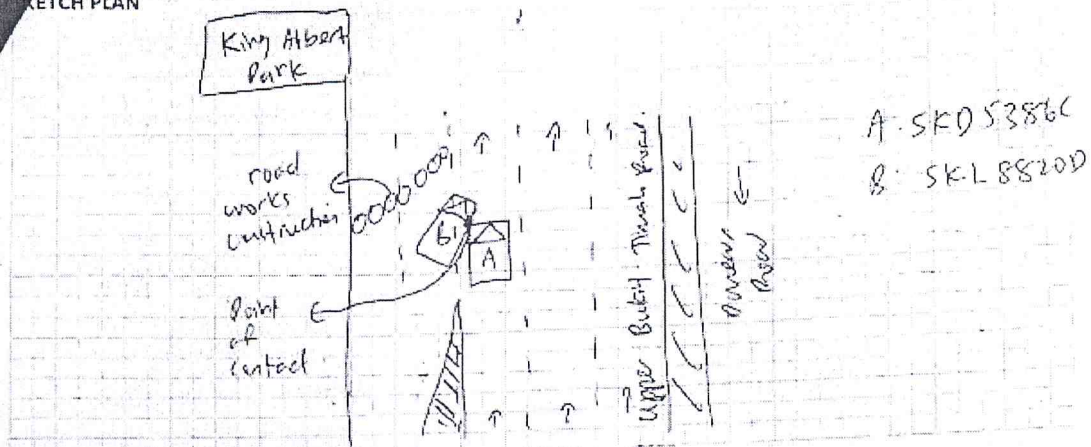


Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/7/2017  
C 1700h...

Reporting Centre Personnel's Signature  
Name: N. M. M.  
NRIC/FIN No.: 993585



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/7/2021 at about 1420hrs, I was driving along Upper Bukit-Timah Road towards Woodlands Direction. As I was nearly King Albert Park area there was a construction works on lane 4 & 5 of the said location. Traffic was heavy and vehicles were moving very slow. Vehicles were stationary and moving slowly.

As I was driving my car SKD5386C on the 3rd lane, a car SKL8820D suddenly made a lane change from lane 4 to lane 3, which is the lane I am travelling on. Due to the abrupt lane change, the car SKL8820D right side hit my car SKD5386C front left corner.

I wish to state that the accident took place before the old railway track near lamp post 257, just before the King Albert Park wall. There were no injuries.

DECLARATION

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

Policyholder's Signature  
Date & Time: 2018/11/13C

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/7/2021 2100hrs

Reporting Centre Personnel's Signature  
Name: [Signature]  
NRIC/FIN No.: 993585