

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 10/06/2021 12:26 (SGT)
Date of Accident 09/06/2021 22:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information AYE(CTE) INTO CLEMENCEAU EXIT
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ630L

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FPC PTE LTD
Company Reg No 201209095G
Email Address FURRYPETS@HOTMAIL.COM
Mobile Phone No (Phone) +65-96577098
Alternative Phone No +65-96577098

VEHICLE PARTICULARS

Manufacturer Toyota
Model Sienta
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? Yes
Vehicle Category Private car
Transmission Auto
CC 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5086495039-04
Cover Note Number 28/11/2020 - 27/11/2021

DRIVER

Name of Driver LIM SOON HOCK
NRIC No S7147098I

Date Of Birth	28/12/1971
Occupation	Outdoor
Date Of Driving Pass	10/06/1994
Driving experience	27 YEARS
Gender	Male
Mobile Number	(Phone) +65-96577098
Alt. Phone Number	-
Email Address	FURRYPETS@HOTMAIL.COM
Address	BLK 662 BUFFALO ROAD #22-19
Address complement	-
Postcode	210662
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	Collided into Property
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
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

MY VEHICLE WAS DRIVING ON THE CENTER LANE OF AYE(CTE). I WANTED TO EXIT INTO CLEMENCEAU EXIT. AS THE EXIT WAS TOO CLOSE, I MADE A SHARP LEFT TURN AND HIT ONTO THE CONE AND FURTHER HIT ONTO THE CONCRETE WALL. MY VEHICLE HAD DAMAGES ON THE FRONT AND RIGHT PORTION. AS THE TRAFFIC WAS FAST MOVING ON THE EXPRESSWAY, THUS I AM UNABLE TO STOP IMMEDIATELY AFTER IMPACT. I STOPPED FURTHER AHEAD AFTER I EXITED OUT FROM THE TUNNEL TO ASSESS MY VEHICLE. NO ONE WAS INJURED.

ATTACHMENT(S)

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

NTUC Income Motor Service Centre

Vehicle No:

SLJ630L

Report Date: 10/6/2021 Start Time: 12:15 PM

Report No: MT

D.O.A:

9621

Make - Model:

7/Slanta

Reporting Type: 00

End Time: / /

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.
- (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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.


10/6/2021 12:14

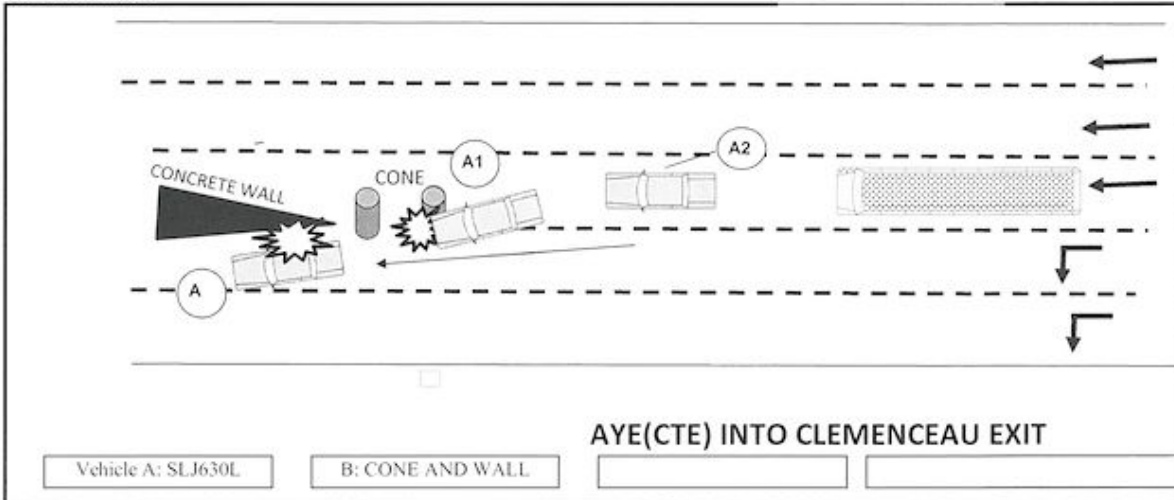
Policyholder's Signature
Date & Time:


10/6/2021 12:14

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


Reporting Centre Personnel's Signature
Name: Chen JunLiang

SKETCH PLAN



MY VEHICLE WAS DRIVING ON THE CENTER LANE OF AYE(CTE). I WANTED TO EXIT INTO CLEMENCEAU EXIT. AS THE EXIT WAS TOO CLOSE, I MADE A SHARP LEFT TURN AND HIT ONTO THE CONE AND FURTHER HIT ONTO THE CONCRETE WALL. MY VEHICLE HAD DAMAGES ON THE FRONT AND RIGHT PORTION. AS THE TRAFFIC WAS FAST MOVING ON THE EXPRESSWAY, THUS I AM UNABLE TO STOP IMMEDIATELY AFTER IMPACT. I STOPPED FURTHER AHEAD AFTER I EXITED OUT FROM THE TUNNEL TO ASSESS MY VEHICLE. NO ONE WAS INJURED.

DECLARATION

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


10/6/2021 12:14

Policyholder's Signature
Date & Time:


10/6/2021 12:14

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



Reporting Centre Personnel's Signature
Name: Chen JunLiang













