

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 02/11/2021 14:26 (SGT)
Date of Accident 01/11/2021 08:20 (SGT)
Exact Location of Accident Near Buangkok E Dr, Singapore
Additional Location Information BUANGKOK EAST DRIVE > KPE (TAMPINES)
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLS5809J

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner NG CHIN HWA
NRIC No SXXXX670G
Email Address george@hifreight.com
Mobile Phone No (Phone) +65-93896502
Alternative Phone No +65-93896502

VEHICLE PARTICULARS

Manufacturer Kia
Model Cerato
Variant -
Exact purpose for which vehicle was being used at time of accident -
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1591

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5103449131-03
Cover Note Number 28/09/2021 - 27/09/2022

DRIVER

Name of Driver NG CHIN HWA
NRIC No SXXXX670G

Date Of Birth	10/08/1972
Occupation	Indoor
Date Of Driving Pass	16/04/1994
Driving experience	27 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93896502
Alt. Phone Number	+65-93896502
Email Address	george@hifreight.com
Address	BLK130 EDGEDALE PLAINS
Address complement	#14-04
Postcode	820130
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	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)	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

ON THE STATED DATE & TIME AT THE SAID LOCATION, I WAS TRAVELLING STRAIGHT ALONG THE SAID LOCATION. THERE IS A VEHICLE BREAKDOWN AT THE ROADSIDE (ON THE LEFT LANE). VEHICLE IN FRONT SWERVE TO THE RIGHT AND IMMEDIATELY I SAW THE BREAKDOWN VEHICLE. I BRAKE AND SWERVE TO THE RIGHT, HOWEVER I FELT AN IMPACT IMMEDIATELY AND REALIZE VEHICLE B (SLU2901J) HAD HIT ONTO THE REAR OF MY VEHICLE.

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	SLU2901J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LIM CHUAN CHUN
NRIC No	SXXXX485A

Contact Number	(Phone) +65-97277020
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

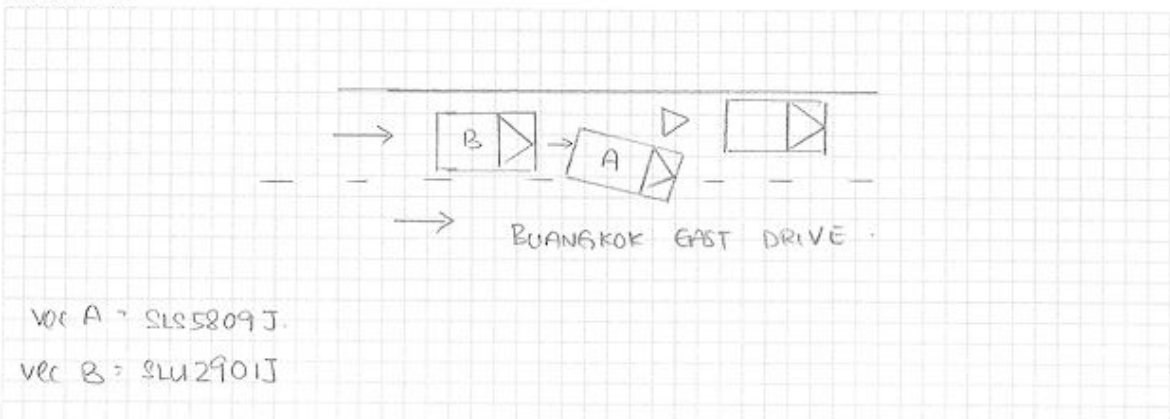
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

REFER GIA REPORT.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

Claim OD/TP at other workshop

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: SH0421B20002 Vehicle Registration No: SLS5809J
 Name (as shown in NRIC): NG CHIN HWA NRIC/FIN/Passport No: S7228670G
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK130 EDGEDALE PLAINS #14-04 Singapore (820130)
 Contact (Tel): _____ Mobile No.: 93896502
 Email Address: george@hifreight.com
 Date of Accident: 01/11/2021 Time of Accident: 08:20AM
 Place of Accident: BUANGKOK EAST DRIVE > KPE (TAMPINES)
 Insurance Company: NTUC INCOME INSURANCE CO-OPERATIVE LTD

(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:

I WOULD LIKE TO AMEND MY REPORT TO THIRD PARTY CLAIM.

 Policyholder / Driver's Signature
 Date:

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

GIARMC Addendum Form