

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 01/12/2021 14:02 (SGT)
Date of Accident 30/11/2021 19:10 (SGT)
Exact Location of Accident Near 50 Cairnhill Rd, Singapore 229662
Additional Location Information CAIRNHILL CIRCLE T JUNCTION OF CAIRNHILL RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLU8204Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner TM EXP
Company Reg No 5XXXX754X
Email Address TMLEE70@HOTMAIL.COM
Mobile Phone No (Phone) +65-96783632
Alternative Phone No +65-96783632

VEHICLE PARTICULARS

Manufacturer Honda
Model Vezel
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 1500

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5096711700-03
Cover Note Number -

DRIVER

Name of Driver LEE TSE MING
NRIC No SXXXX963A

Date Of Birth	04/06/1970
Occupation	Outdoor
Date Of Driving Pass	06/11/2006
Driving experience	15 YEARS
Gender	Male
Mobile Number	(Phone) +65-96783632
Alt. Phone Number	-
Email Address	TMLEE70@HOTMAIL.COM
Address	38 KHEAM HOCK ROAD #05-05
Address complement	-
Postcode	298808
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	OWNER
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 - Cross Junction
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)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOW
Gender	Female

PASSENGER 2

Name	UNKNOW
Gender	Female

PASSENGER 3

Name	UNKNOW
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

AT MATERIAL DATE & TIME I WAS TRAVELLING ALONG CAIRNHILL CIR AT T JUNCTION OF CAIRNHILL RD. SUDDENLY I AM FELT AN IMPACT FROM MY REAR RIGHT SIDE AND I NOTICED VEH B'S FRONT PORTION HIT ONTO MY VEH A'S REAR RIGHT PORTION AT THE MOMENT TRAFFIC LIGHT AT THE JUNCTION IS NON WORKING. NOBODY INJURY. THAT'S ALL

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	SLF9457H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

WITNESS DETAILS

WITNESS 1

Name	MICHEAL
Phone	-
Email	-

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' 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.

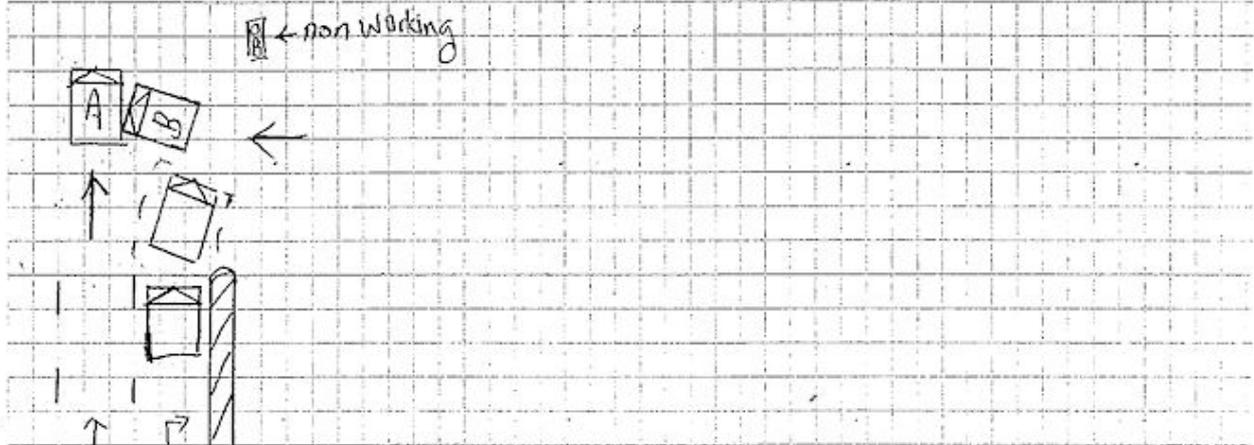

 Policyholder's Signature Date
 & Time: 01 DEC 2021

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


 Reporting Centre Personnel's Signature
 Name: Wang
 NRIC/FIN No.: S2727991A

SKETCH PLAN

Date & Time of Accident: 30/12/2021 19:10hrs. Location: Cairnhill Cir Junction of Cairnhill Rd
 Veh A: SLU 8204Z Veh B: SLF9457H Veh C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At material date & time, I was travelling along Cairnhill Cir at Junction of Cairnhill Rd suddenly, I am felt an impact from my rear right side, and I noticed veh B's front portion hit onto my Veh A's rear right portion. at the moment traffic light at the junction is non working. Nobody injury. That's All.

NOTE : PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION.

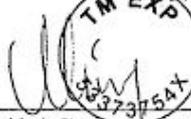
- Own Damage Claim at Lim Tan Motor TP Claim at Lim Tan Motor
 Own Damage Claim at Other Workshop TP Claim at Other Workshop Reporting Only

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 : tmlee70@hotmail.com

DECLARATION

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


 Policyholder's Signature, Date & Time: 01 DEC 2021

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


 Reporting Centre Personnel's Signature Name: Jens
 NRIC/FIN No.: 52077991A

