

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 03/12/2021 18:33 (SGT)
Date of Accident 03/12/2021 07:16 (SGT)
Exact Location of Accident Singapore
Additional Location Information JUNC BETWEEN CLEMENTI RD & COMMONWEALTH AVE
Country/State of Loss WEST
Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJH3433D

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAM CHARN WYE
NRIC No SXXXXX256E
Email Address PETERLAM.CW@GMAIL.COM
Mobile Phone No (Phone) +65-94880330
Alternative Phone No +65-94880330

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
Variant WISH 1.8 AUTO
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 1794

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5117683383-01
Cover Note Number -

DRIVER

Name of Driver BEVERLY ANTHEA LAM SI EN

NRIC No	SXXXX031D
Date Of Birth	30/06/1981
Occupation	Indoor
Date Of Driving Pass	31/12/2011
Driving experience	10 YEARS
Gender	Female
Mobile Number	(Phone) +65-98180748
Alt. Phone Number	-
Email Address	BEVERLYANTHEA@GMAIL.COM
Address	BLK 542 BUKIT BATOK STREET 52
Address complement	#10-535
Postcode	650542
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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

REFER TO THE 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	GBH7574Z
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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) -

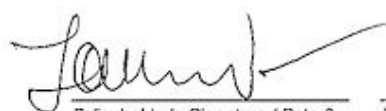
5 5117683383


SKETCH PLAN**IMPORTANT NOTICE**

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

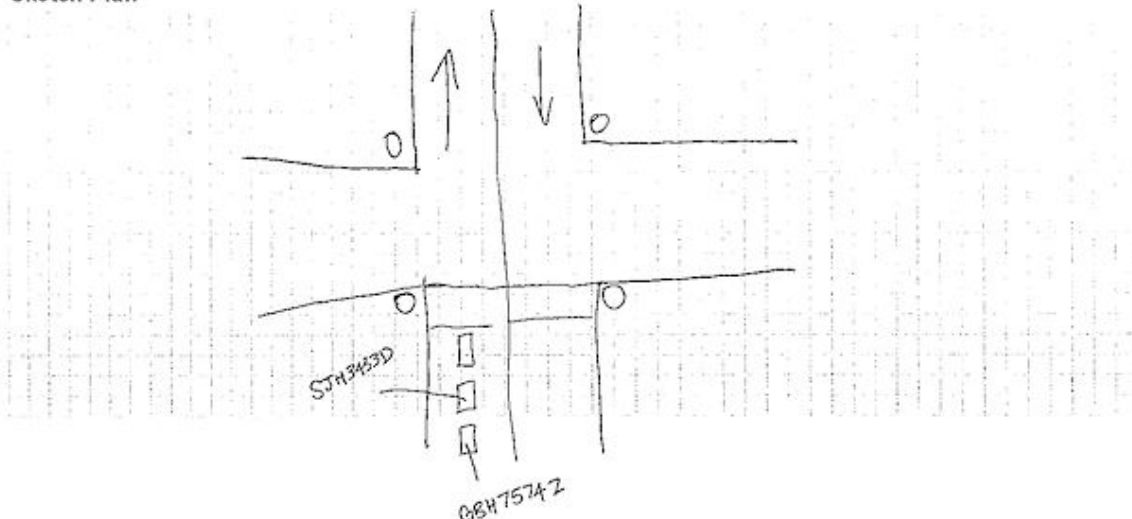
I understand, acknowledge, agree and consent that:

- (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.


Policyholder's Signature / Date &
Time 3 DECEMBER 2021, 5.46pm & Time

 3 DECEMBER 2021, 5.46pm
Driver's Signature (If driver is not the policyholder) / Date
& Time

 
Witnessed by Reporting Centre
Personnel

Sketch Plan

Describe Circumstances of the Accident

ACCIDENT CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: SJH3433D ACCIDENT DATE & TIME: 03/12/21, 7.16am.

CONTACT NUMBER: 9818 0748 E-MAIL ADDRESS: BeverlyPinthea@gmail.com

LOCATION: Junction of Clementi Road and Commonwealth Avenue West.

Refer to attachment.

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

Please state:

☐ Claim Own Policy ☒ Claim Third Party ☐ Claim OD/TP at other workshop ☐ Reporting Only

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date & Time
3/12/2021
S. 46 pm

Driver's Signature (If driver is not the policyholder) / Date & Time 3 December 2021, 5:46pm

Witnessed by Reporting Centre Personnel

Accident Report/ Statement

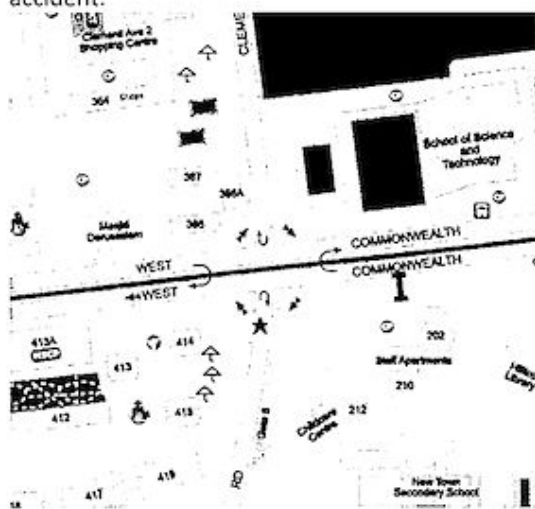
Accident date: 3 December 2022

Time of Accident: Approximately 7.16am Singapore time

Offender: Ang Kok Meng (Hong Guoming) of Drivers License/ IC no.: S 568A, Union Gas Employee/ Driver. Company Vehicle no.: GBH 7574 Z

Claimant: Beverly Anthea Lam Si En of Drivers License/ IC no.: S 031D. Personal Vehicle no.: SJH 3433 D

Location of Accident: Traffic light junction at cross road junction of Clementi Road and Commonwealth Avenue West, near to Block 413 and Block 415. Travelling in the direction towards Sunset Way. See attached map below, RED STAR indicating approximate location of accident.

**Recounting of events by Claimant:**

On the morning of 3 December 2021, Friday, at approximately 7.16am, at the cross junction of Clementi Road and Commonwealth Avenue West Road, by the set of traffic lights near HDB blocks 414 and 415, a collision occurred to the back of my vehicle, SJH3433D, while I was waiting for the red traffic lights to turn green. I was on my way home, heading to the direction of Sunset Way. My vehicle stopped at the lights (behind another vehicle) when it turned red and was stationary for around or more than 10 seconds when the collision occurred. The impact of the collision shattered the rear window screen and dented the rear door of my vehicle, upon impact. The offending vehicle is the Union Gas blue Toyota Dyna lorry, GBH 7574 Z, driven by Ang Kok Meng. Traffic conditions were good as there were not many on the road at that time. Other external conditions were favourable: weather was good as it was clear, sunny and dry. Visibility of the traffic lights and other vehicles were good; no blockages. There were other vehicles waiting at the red light as well.

I, Beverly Anthea Lam Si En of NRIC No.: S 031D, verify that the above account is true and accurate.

BEVERLY ANTHEA LAM SI EN
3 December 2022









