

# 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 ..... 21/12/2021 16:25 (SGT)  
Date of Accident ..... 20/12/2021 16:25 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... JUNCTION OF VICTORIA STREET / JALAN SULTAN  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLU4763C

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CARVELOUS PTE. LTD  
Company Reg No ..... 201720377N  
Email Address ..... carveloussg@gmail.com  
Mobile Phone No ..... (Phone) +65-97895025  
Alternative Phone No ..... +65-97895025

### VEHICLE PARTICULARS

Manufacturer ..... Kia  
Model ..... FORTE K3 1.6A  
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 hire  
Transmission ..... Auto  
CC ..... 1591

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... 5111348312-02  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LOH LI LING ESTHER  
NRIC No ..... S7141672J

Date Of Birth .....	16/11/1971
Occupation .....	Outdoor
Date Of Driving Pass .....	29/03/2011
Driving experience .....	10 YEARS AND 9 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-96832211
Alt. Phone Number .....	-
Email Address .....	lohliling2211@gmail.com
Address .....	BLK 310 HOUGANG AVE 5 #13-263
Address complement .....	-
Postcode .....	530310
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 - 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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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 .....	POH CHAI YING (S8561163A)
Gender .....	Male

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Thomson Neighbourhood Police Post
Police Station Phone No .....	(Phone) +65-18004529999
Alt. Police Station Phone No .....	(Fax) +65-65535740
Police Station Address .....	Blk 25 Sin Ming Road #01-180 Singapore 570025
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN.

NOTE: REPAIR AT OWNER W/SHOP - THIAM HENG HUAT

#### 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 .....	SDA2048Y
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	CHEUNG WAI LEUNG
- .....	S2589572Z
Contact Number .....	(Phone) +65-81134842
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	LOH LI LING ESTHER
Gender .....	-
Phone No .....	-
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLU4763C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

## 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 

Policyholder's Signature / Date & Time 21-12-21  
Sketch Plan



Driver's Signature (If driver is not the policyholder) / Date & Time 21-12-21



Witnessed by Reporting Centre Personnel

A: 8LU 4763C  
B: 8DA 2048Y



## Describe Circumstances of the Accident

Please refer to police report attached

I wish to state that the female passenger  
complained of pain due to the impact and told  
me she will see a doctor. The police did not  
indicate this in the police report.

## Declaration

We declare the foregoing particulars are true in every respect.




Policyholder's Signature / Date &  
Time 21.12.21



Driver's Signature (If driver is not the policyholder) / Date  
& Time 21.12.21



Witnessed by Reporting Centre  
Personnel