

# 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 ..... 17/01/2022 13:32 (SGT)  
Date of Accident ..... 17/01/2022 08:00 (SGT)  
Exact Location of Accident ..... Near TPE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SML6694R

### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... LEE AIK LING  
NRIC No ..... SXXXX953F  
Email Address ..... caslal@gmail.com  
Mobile Phone No ..... (Phone) +65-91869853  
Alternative Phone No ..... +65-91869853

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Corolla  
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? ..... No - Claiming third party  
Vehicle Category ..... Private car  
Transmission ..... Auto  
CC ..... 1598

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... 5117521360-01  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... LEE AIK LING  
NRIC No ..... SXXXX953F

|  |                       |
|--|-----------------------|
| Date Of Birth .....  | 03/06/1980            |
| Occupation .....   | Outdoor               |
| Date Of Driving Pass .....   | 20/12/2005            |
| Driving experience .....   | 16 YEARS AND 1 MONTH  |
| Gender .....   | Female                |
| Mobile Number .....  | (Phone) +65-91869853  |
| Alt. Phone Number .....  | +65-91869853          |
| Email Address .....  | caslal@gmail.com      |
| Address .....  | BLK 212B PUNGGOL WALK |
| Address complement .....   | #11-711               |
| Postcode .....   | 822212                |
| 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 .....   | Chain Collision |
| Weather Conditions ..... | Clear           |
| Road Surface .....       | Dry             |

#### OTHER INFORMATION

|   |     |
|---|-----|
| Was any foreign vehicle involved in the accident? .....   | No  |
| Number of vehicles involved in the accident .....   | 3   |
| 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 .....   | Lim Hon Yik |
| 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

On the abovementioned date and time, I was driving along TPE towards Changi Airport direction in the 2nd lane. The traffic was slow moving, when the front vehicle slowed down and I followed suit. Vehicle B (SCA7876C) came from behind hit the rear of my vehicle A (SML6694R) which pushes my vehicle forward and hit onto Vehicle C (SMG617E). It was a total of 3 vehicles involved. After the accident, my husband and myself felt slightly unwell.

#### 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 ..... | SCA7876C |
| Vehicle Manufacturer .....        | -        |
| Vehicle Model .....               | -        |

|   |             |
|---|-------------|
| Vehicle Variant .....                         | -           |
| Vehicle Colour .....                          | -           |
| Vehicle Category .....                        | Private car |
| Name of Driver .....                          | Sim Phoebe  |
| Contact Number .....                          | -           |
| Address .....                                 | -           |
| Address complement .....                      | -           |
| Postcode .....                                | -           |
| Insurance Company Name .....                  | -           |
| Nature Of Damage .....                        | -           |
| Details of property damaged in accident ..... | -           |
| No. Of Passenger (Including Driver) .....     | 2           |

#### DETAILS OF OTHER VEHICLE PROPERTY 2

|   |              |
|---|--------------|
| Vehicle Registration Number .....             | SMG617E      |
| Vehicle Manufacturer .....                    | -            |
| Vehicle Model .....                           | -            |
| Vehicle Variant .....                         | -            |
| Vehicle Colour .....                          | -            |
| Vehicle Category .....                        | Private car  |
| Name of Driver .....                          | Zhang Hengmi |
| Contact Number .....                          | -            |
| Address .....                                 | -            |
| Address complement .....                      | -            |
| Postcode .....                                | -            |
| Insurance Company Name .....                  | -            |
| Nature Of Damage .....                        | -            |
| Details of property damaged in accident ..... | -            |
| No. Of Passenger (Including Driver) .....     | 2            |

#### INJURED PERSONS DETAILS

##### INJURED 1

|   |                        |
|---|------------------------|
| Name of injured person .....                              | Lee Aik Ling           |
| Gender .....  | Female                 |
| Phone No .....  | -                      |
| Address .....   | -                      |
| Address Complement .....                                  | -                      |
| Post Code .....   | -                      |
| Approximate Age Years Old .....                           | -                      |
| Injuries Sustained .....                                  | Aching on the shoulder |
| Injured person in which vehicle? .....                    | SML6694R               |
| Were seat belts worn? .....                               | Yes                    |
| Was this injured conveyed to hospital by ambulance? ..... | No                     |




##### INJURED 2

|   |                         |
|---|-------------------------|
| Name of injured person .....                              | Lim Hon Yik             |
| Gender .....  | Male                    |
| Phone No .....  | -                       |
| Address .....   | -                       |
| Address Complement .....                                  | -                       |
| Post Code .....   | -                       |
| Approximate Age Years Old .....                           | -                       |
| Injuries Sustained .....                                  | Neck, shoulder and back |
| Injured person in which vehicle? .....                    | SML6694R                |
| Were seat belts worn? .....                               | Yes                     |
| Was this injured conveyed to hospital by ambulance? ..... | No                      |


# SKETCH PLAN

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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.

|  |  |   |
|--|--|---|
| <p>Policyholder's Signature / Date &amp; Time<br/> <br/>         13/01/2022 @ 1050h</p> | <p>Driver's Signature (If driver is not the policyholder) / Date &amp; Time<br/> <br/>         13/01/2022 @ 1050h</p> | <p>Witnessed by Reporting Centre Personnel<br/> <br/>         7 Ext 5.</p> |
|--|--|---|

**Sketch Plan**



**Describe Circumstances of the Accident**

Refer to SAs report.

**Declaration**

We declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature / Date & Time  
 7/01/2022  
 @ 1050h

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

  
 Witnessed by Reporting Centre Personnel













