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 witholding of material facts may allow insurance companies to repudiate
- 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

11/04/2022 18:32 (SGT) 11/04/2022 13:45 (SGT) CTE, Singapore CTE (CITY) BEFORE BRADDELL ROAD EXIT Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMQ8363G

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No

Email Address Mobile Phone No Alternative Phone No No NG SEOW HOON CANDY SXXXX563B MATTHEW.SM.LIM@GMAIL.COM (Phone) +65-96888909 (Home) +65-96888909

VEHICLE PARTICULARS

Manufacturer Model

Variant

Exact purpose for which vehicle was being used at time of

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Toyota Estima

Private use

No - Claiming third party Private car

Auto 0

INSURANCE COMPANY

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

Cover Note Number

NTUC Income Insurance Co-operative Ltd Comprehensive

No

5115735615-02

DRIVER

Name of Driver NRIC No

LIM SWEE MING MATTHEW SXXXX983Z



Date Of Birth Occupation

Date Of Driving Pass

Driving experience

Gender

Mobile Number Alt. Phone Number

Email Address Address

Address complement

Postcode

Is the driver the policyholder?

If No, Relationship of the Driver with the Insured

Does Driver Own Other Vehicles?

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 Weather Conditions Road Surface

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other vehicle or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s)

soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?

Was notice of intended Prosecution given?

If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED

ATTACHMENT(S)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Yes

11/05/1970

13/12/1994

27 YEARS AND 4 MONTHS

MATTHEW.SM.LIM@GMAIL.COM

(Phone) +65-96888909

811 ANG MO KIO AVE 2

Collision - Head to Rear

Indoor

Male

567817

Spouse

Raining

Wet

No

Yes

No

Yes

No

No

2

No

No

No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour

Vehicle Category Name of Driver

Contact Number

Address

Address complement

GBG971L

Commercial vehicle

Accident report SY0A224B0009

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	LIM SWEE MING MATTHEW
Gender Phone No	in a second production of the second
Address	And a second sec
Address Complement	
Post Code	de des acordos de ser esta
Approximate Age Years Old	Comment of the control of the control
Injuries Sustained	-
Injured person in which vehicle?	SMQ8363G
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

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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.
- II. General under the Personal Data Protection Act (CDPA)

Lunderstand, acknowledge, agree and consent that

- (a) My insure: my workshop and the General insurance Association of Singapore ("GIA") may/are permitted to collect, use, discluse, 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 stansfer 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/low 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 recessary investigations relating to the claims.
- (ii) investigating the accident and/or my cleans,
- (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 my to bring about delivery of the same as well as on the external cover of envelopes/mail pashages); ans/er
- (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

- (b) all insurer's) who have issued vehicle(s) involved in this accident and the insurers' law year/law firms, may/are permitted to collect, use, disclose and/or process my Parsonal information for one or more of the above Purposes, and
- (c) by Personal Information day/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

Sketch Plan

Oriver's Signature (if driver is not the policyholder) / Date & Time

CTE (CITY) BEFORE BRADDELL KD

EXET

A: SMG 8363G

Witnessed by Reporting Centre

B: GEGGAIL

FB SA)

Describe Circumstances of the Accident

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Driver's Signature (if driver is not the policyholder) / Date

& Time

Winessed by Reporting Centre

Personnel