

# 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 ..... 14/04/2022 10:27 (SGT)  
Date of Accident ..... 13/04/2022 15:45 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... MOULMEIN ROAD INTO CTE  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLV4693R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... CARZONRENT PTE LTD  
Company Reg No ..... 201605659R  
Email Address ..... JASONYAPCAR@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91816096  
Alternative Phone No ..... +65-91816096

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Sienta  
Variant ..... HYBRID  
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 ..... 5097031809-04  
Cover Note Number ..... 29/12/2021 - 28/12/2022

### DRIVER

Name of Driver ..... LIM PUAY KIANG  
NRIC No ..... S1743268J

Date Of Birth .....	22/04/1966
Occupation .....	Outdoor
Date Of Driving Pass .....	17/06/1986
Driving experience .....	35 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93842847
Alt. Phone Number .....	-
Email Address .....	ANDREWPKLIM@GMAIL.COM
Address .....	BLK 450C SENGKANG WEST WAY #19-351
Address complement .....	-
Postcode .....	793450
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 .....	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) .....	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 SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	SD CARD WITH WORKSHOP
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	YN9459G
Vehicle Manufacturer .....	Mitsubishi
Vehicle Model .....	Fuso
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	MALE DRIVER
Contact Number .....	-
Address .....	-

Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	FRONT PORTION
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	2

PASSENGER 1

Name .....	PASSENGER
Gender .....	Female

### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number .....	SMF1665P
Vehicle Manufacturer .....	Honda
Vehicle Model .....	Civic
Vehicle Variant .....	-
Vehicle Colour .....	Black
Vehicle Category .....	Private car
Name of Driver .....	FEMALE DRIVER
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	REAR BUMPER
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person .....	LIM PUAY KIANG
Gender .....	Male
Phone No .....	(Phone) +65-93842847
Address .....	BLK 450C SENGKANG WEST WAY #19-351
Address Complement .....	-
Post Code .....	793450
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	SLV4693R
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

NTUC Income Motor Service Centre

13422

Vehicle No: SLV 4693R

Report Date: 13/4/2022 Start Time: 4:57 PM

Report No: MT/

D.O.A: / /

Make / Model: 7/Slender

Reporting Type: TP End Time: / /

**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' 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 reasonable required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, law or court orders.



Policyholder's Signature  
Date & Time:

Signature of Driver

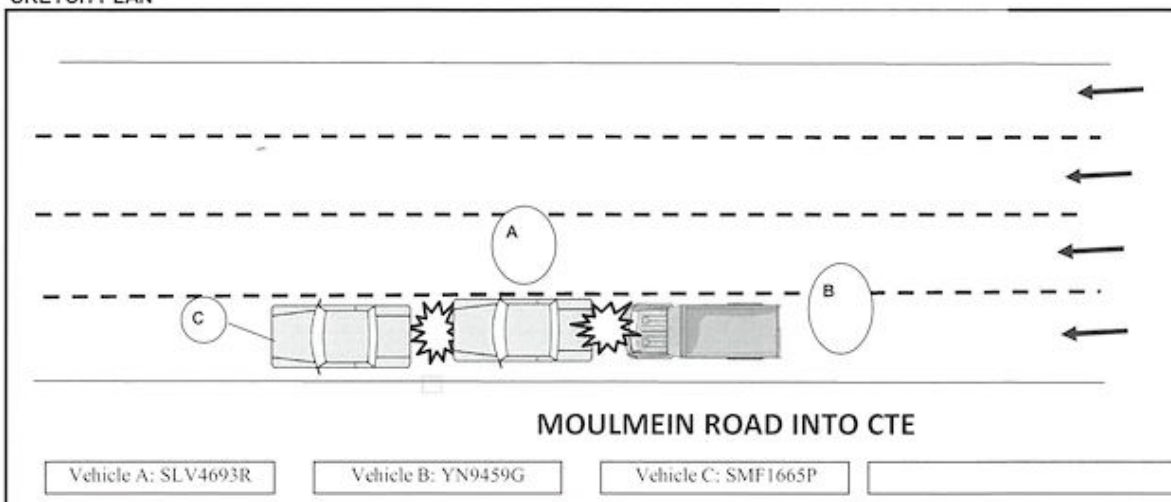
Driver's Signature (if driver is not the policyholder)  
Date & Time:

13/4/2022 16:56

Signature of Reporting Centre Personnel

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765

SKETCH PLAN



MY VEHICLE WAS DRIVING ON THE LEFT LANE OF MOULMEIN ROAD INTO CTE. VEHICLES INFRONT STOPPED AND I ALSO STOPPED. SUDDENLY, I FELT AN IMPACT ON MY VEHICLE REAR PORTION AND VEHICLE B HAD HIT ONTO MY VEHICLE. IT WAS A CHAIN COLLISION INVOLVING THREE VEHICLES IN TOTAL.

DECLARATION

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



13/4/2022 16:56

Policyholder's Signature  
Date & Time:

13/4/2022 16:56

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

Reporting Centre Personnel's Signature  
Name: Chen JunLiang  
NRIC/ Fin No: S990765











