

# 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 ..... 21/04/2022 10:23 (SGT)  
 Date of Accident ..... 20/04/2022 11:30 (SGT)  
 Exact Location of Accident ..... Near Jalan Bukit Merah, Singapore  
 Additional Location Information ..... -  
 Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... GBG8702U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
 Name Of Registered Owner ..... JACKSON BAKERY & CONFECTIONERY  
 Company Reg No ..... 38014300C  
 Email Address ..... cpdm7364@gmail.com  
 Mobile Phone No ..... (Phone) +65-82289164  
 Alternative Phone No ..... (Office) +65-62415186

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
 Model ..... Hiace  
 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 ..... Commercial vehicle  
 Transmission ..... Auto  
 CC ..... 2982

### INSURANCE COMPANY

Name of Insurance Company ..... NTUC Income Insurance Co-operative Ltd  
 Type of Coverage ..... Comprehensive  
 Fleet Policy ..... No  
 Policy Number ..... 5096191244-04  
 Cover Note Number ..... 24/11/2021 - 23/11/2022

### DRIVER

Name of Driver ..... KOH BOCK HEOH  
 NRIC No ..... S0730093Z

Date Of Birth .....	12/05/1953
Occupation .....	Outdoor
Date Of Driving Pass .....	13/06/1978
Driving experience .....	43 YEARS AND 10 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-97513549
Alt. Phone Number .....	-
Email Address .....	cpdm7364@gmail.com
Address .....	BLK502 BEDOK NORTH STREET 3
Address complement .....	#08-66
Postcode .....	460502
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 - Change/cross lane
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

I WAS TRAVELLING STRAIGHT ALONG JALAN BUKIT MERAH CAME TO A TRAFFIC JUNCTION OF LOWER DELTA ROAD, ON MY RIGHT LANE IS TURN RIGHT AND U-TURN. SUDDENLY I FELT A BANG ON MY RIGHT SIDE, A TAXI HAVE CUT INTO MY LANE AND BANG ONTO MY RIGHT SIDE DOOR, PANEL AND REAR PORTION. I CAME DOWN AND CHECK, TAKE SOME PHOTO.

#### 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 .....	COULD NOT DOWNLOAD
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHB5205M
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Taxi
Name of Driver .....	LIM LEONG AIK

NRIC No .....	S8970467G
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

**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.



Philip Yap Lim Siang

ackn: Bakery & Confectionery

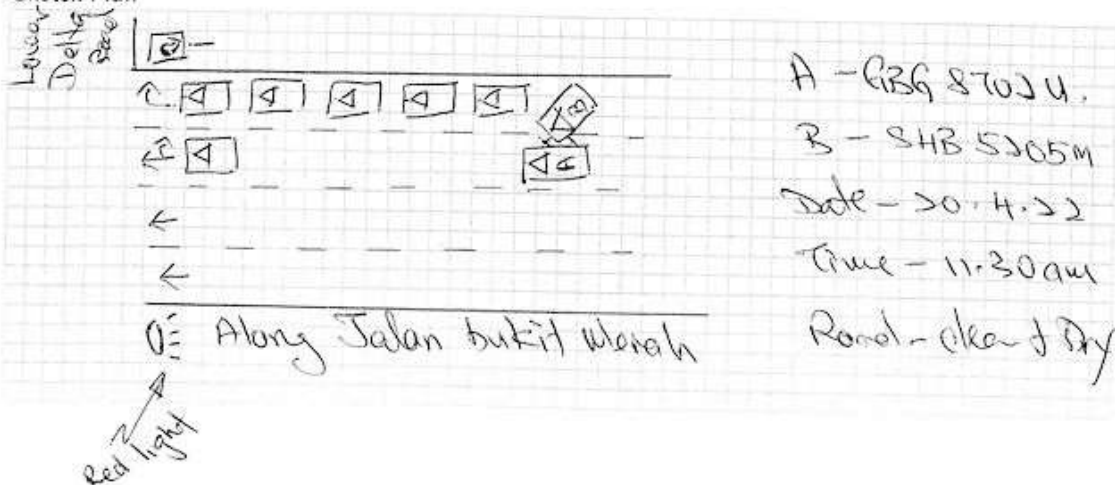
*Signature*

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Describe Circumstances of the Accident

I was travelling straight along Jalan Bukit Merah  
Came to a traffic junction of Lower Delta Road, On  
My ~~in~~ Right lane is turn right & U-turn.

Suddenly I felt a bang on my Right side,  
a taxi have cut into my lane and bang onto  
my right side door, Panel & rear position.

I Came down in check, take some photo.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated time-frame from the day of occurrence.

Reporting Only

Claim OD

Claim TP

☒ Claim OD/TP at other workshop

Declaration

We declare the foregoing particulars are true in every respect.



Philip Yap Lim Siang

Jackson Bakery & Confectionery

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel