

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	30/04/2022 14:00 (SGT)
Date of Accident	30/04/2022 11:30 (SGT)
Exact Location of Accident	Bedok North Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9542B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LEW YILE JIREH
NRIC No	S8811520A
Email Address	LEWJIREH1988@GMAIL.COM
Mobile Phone No	(Phone) +65-96386333
Alternative Phone No	+65-96386333

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Attrage
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	1200

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5123695719
Cover Note Number	-

DRIVER

Name of Driver	LEW YILE JIREH
NRIC No	S8811520A

Date Of Birth	06/04/1988
Occupation	Indoor
Date Of Driving Pass	02/09/2011
Driving experience	10 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96386333
Alt. Phone Number	+65-96386333
Email Address	LEWJIREH1988@GMAIL.COM
Address	BLK 323C SUMANG WALK #07-919
Address complement	-
Postcode	823323
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	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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	4
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	LIM SIEW KIANG
Gender	Female

PASSENGER 2

Name	JAVIER LIEW ZHAN FU
Gender	Male

PASSENGER 3

Name	JOVIAL LIEW YU EN
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 STATED DATE AND TIME, I WAS TRAVELLING AT BEDOK NTH ROAD, WHEN THE TRAFFIC TURN RED, I CAME A COMPLETE STOP. OUT OF SUDDEN, I FELT A HUGE IMPACT ON MY REAR. I ALIGHTED FROM MY CAR NOTICE THAT VEHICLE B HIT MY REAR POSITION. VEHICLE B DRIVER ADMITTED HE WAS A FAULT.

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	SKJ8698B
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKELETON PLAN

IMPORTANT NOTICE

1. Please read it carefully for details of the procedure to be followed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Officer.
3. Information provided must be as truthful and accurate as possible. Any act of misrepresentation is a defaulting of contract that may affect your or the company's reputation and ability.
4. The insurer and its agents and the Third Party Insurance Company is not an agent of acting jointly on the part of the insured/claimant.
5. Any false reporting may be referred to the Police for investigation.
6. This report is for the use only by the insurers of the "QS Insurance Management Centre" established by the General Insurance Corporation of Singapore ("GIC") for the purpose that their copies of this report is for the most possible upon application by interested parties.
7. The fullness of the report is the insurers and possibly members to the processing of this report at the insurer and to copies of this report being made available elsewhere.

6. Consent under the Personal Data Protection Act (PDPA)

I/We hereby consent to the insurers and its agents to:

- (a) collect, use, disclose and transfer my personal data and information not just in this Form and any other personal information provided by me or processed by my agents, collectively for "Personal Information" and disclose and transfer such Personal Information to all insurers and their agents and possibly members to the processing of this report at the insurer and to copies of this report being made available elsewhere; referred to as the "Insurers" for the insurers and its agents, the General Insurance Corporation of Singapore and any relevant government agency/department work as the insurers for the purposes of:
 - (i) processing, handling and 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) complying with any law relating to my instructions or responding to any request by me;
 - (iv) administering my claims, including the making of correspondence, documents, 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 unprocessed correspondence; and/or
 - (v) complying with any law relating to my instructions, processing, handling and dealing with my claims.
- I/We further consent to the insurers and its agents to:
- (a) collect, use, disclose and transfer my Personal Information for use in some of the above purposes; and
 - (b) my Personal Information may be disclosed to any of the insurers and/or GIC to their third party service providers or agents (including their own service, being) which may be used outside of Singapore, for use in some of the above purposes.

Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel

(S) 082 900 0
(S) 25 2572 0

Describe Circumstances of the Accident

On the stated date & time, I was travelling at Bealok North Road. When the traffic light turn Red, I came a complete Stop. Out of sudden I felt a huge impact on my rear. I alight from my car notice that vehicle B hit my rear position. Vehicle B driver admitted he was at fault.

Declaration

We declare the foregoing particulars are true in every respect.

IXI
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel