

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 19/05/2022 15:26 (SGT)
Date of Accident 19/05/2022 13:25 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG DUNEARN ROAD OUTSIDE SINGAPORE CHINESE GIRL SCHOOL
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLP3818L

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM KAI CHEN ANTHONY
NRIC No S7626511I
Email Address KHAYCELM@GMAIL.COM
Mobile Phone No (Phone) +65-96317632
Alternative Phone No +65-96317632

VEHICLE PARTICULARS

Manufacturer Toyota
Model Wish
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 1800

INSURANCE COMPANY

Name of Insurance Company NTUC Income Insurance Co-operative Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number 5109458214-02
Cover Note Number drivo CLASSIC

DRIVER

Name of Driver LIM MENG TONG

NRIC No	S0229797C
Date Of Birth	12/11/1945
Occupation	Indoor
Date Of Driving Pass	11/08/1966
Driving experience	55 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96183861
Alt. Phone Number	-
Email Address	mengtonglim6818@yahoo.com.sg
Address	5 CAMBORNE ROAD
Address complement	-
Postcode	299840
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
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

REFER TO SKETCH PLAN

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	SDA1828U
Vehicle Manufacturer	Mercedes
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	UNKNOWN
Contact Number	-
Address	-

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

PASSENGER 1

Name PASSENGER
Gender Male

INCOME MOTOR SERVICE CENTRE

Report Date & Start Time: 19/05/2022 15:03

Report No: MT _____

D.O.A: 19/05/2022
Time: 13:25 hrsVehicle No: SLP3818L Reporting Type: _____SKETCH PLANIMPORTANT NOTICE

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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 reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

19/05/22 / 15:03

Policyholder's Signature / Date & Time



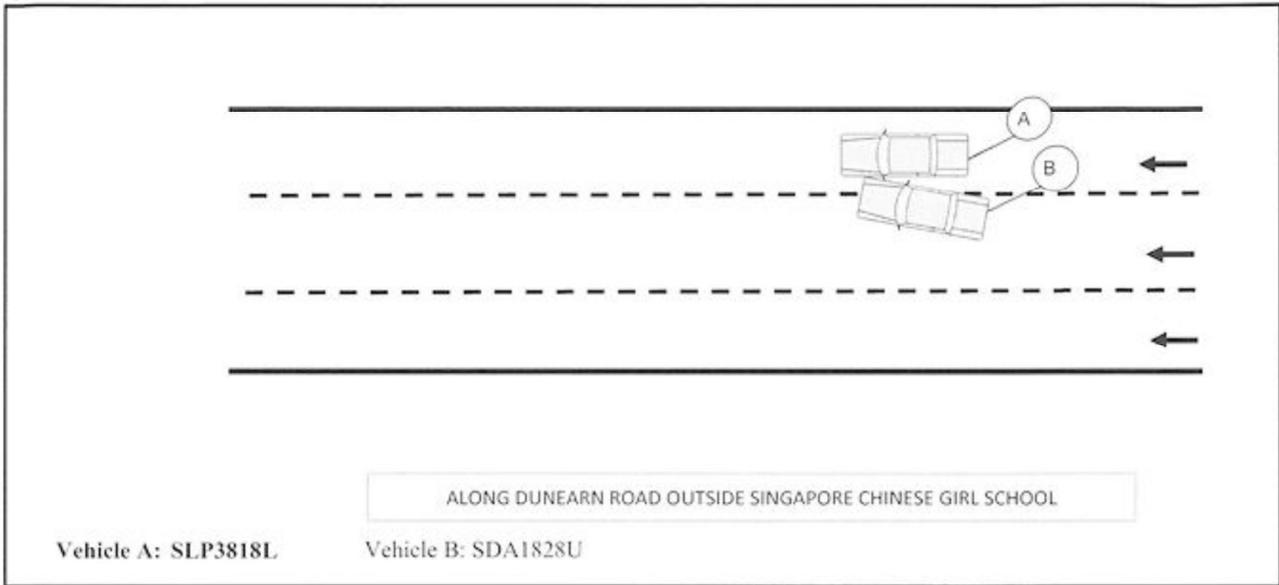
19/05/22 / 15:03

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


Ganesh (S993561)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was going straight along Dunearn Road on the right lane after the traffic light just outside of SCGF entrance gate before the bus stop. There were 2 lanes full of vehicles waiting to get in to school. Suddenly vehicle B put right hand signal and cut into my lane and collided to my vehicle from front left mudguard, front left door, rear left door one whole scratches and the rear mudguard also popped out. After which we both got down, vehicle B driver did not give her particulars and the male passenger in her vehicle came to me said that he will get cycle and carriage to deal with me. That's all.

Declaration

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

<p>19/05/22 / 15:03</p> <p>_____ Policyholder's Signature / Date & Time</p>	 <p>19/05/22 / 15:03</p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	 <p>Ganesh (S993561) Customer Care Executive Motor Service Centre</p> <p>_____ Witnessed by Reporting Centre Personnel</p>
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