

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	08/07/2022 14:09 (SGT)
Reported by	Driver
Date of Accident	08/07/2022 12:00 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	PIE (CHANGI) AT STEVENS ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5724S
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CHYE THIAM MAINTENANCE PTE LTD
Company Reg No	198801700E
Email Address	HELEN_WU@CHYETHIAM.COM
Mobile Phone No	(Phone) +65-86708979
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	OTHERS
Model	OTHERS
Variant	-
Exact purpose for which vehicle was being used at time of accident	Employment
Are you claiming under your own insurance policy for repair to your vehicle?	No - Reporting only
Vehicle Category	Commercial vehicle
Transmission	Auto
CC	3980

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5108281586-03

DRIVER

Name of Driver	TAN NAM SOON
NRIC No	S0203660F
Date Of Birth	19/10/1952
Occupation	Outdoor

Date Of Driving Pass	23/12/1978
Driving experience	43 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91708733
Alt. Phone Number	-
Email Address	HELEN_WU@CHYETHIAM.COM
Address	BLOCK 249 YISHUN AVENUE 9
Address complement	#03-195
Postcode	760249
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	Yes
Vehicle Registration Number of Other Vehicle Owned by Driver	FBM6817D
Insurance Company of Other Vehicle Owned by Driver	NTUC Income Insurance Co-operative Ltd

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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 DRIVING ALONG PIE (CHANGI) ON THE CHEVRON MARKING AS I WAS CLEANING THE ROAD. SUBSEQUENTLY, AS I WAS MOVING WITHIN THE CHEVRON, I EXPERIENCED A COLLISION FROM THE REAR OF MY VEHICLE.

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	ADV TO SUBMIT TO MOTORVIDEO@INCOME.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB5068H
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Bus

Name of Driver	LOR KOH CHIN
Contact Number	(Phone) +65-96731448
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	UNKNOWN
Gender	Male

[illegible]

Declaration

Declaration
We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date
& Time 08/07/2008 1500

08/07/2022, 1500

Ignatius Lim

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

SKETCH PLAN

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6. This report will be forwarded by the insurers to 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.
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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



[Signature]

Ignatius Lim

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time
08/07/2022, 1500

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan

	<p>A: YN5724S B: SMB5068H</p>
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IMAGES

















