

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 Actual 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	18/08/2022 17:38 (SGT)
Reported by	Both
Date of Accident	18/08/2022 08:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ECP(CHANGI)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL5127E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM CHUAN KWEE
NRIC No	S1295894C
Email Address	Mikelck@singnet.com.sg
Mobile Phone No	(Phone) +65-96201090
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Vezel
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	1500

INSURANCE COMPANY

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Policy Number / Cover Note Number	5088217515-05

DRIVER

Name of Driver	LIM CHUAN KWEE
NRIC No	S1295894C
Date Of Birth	02/09/1958
Occupation	Outdoor

Date Of Driving Pass	25/06/1977
Driving experience	45 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-96201090
Alt. Phone Number	-
Email Address	Mikelck@singnet.com.sg
Address	BLK 42 CAMBRIDGE ROAD #05-05
Address complement	-
Postcode	210042
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	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	4
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

VEHICLE B BRAKE I BRAKE AND STOP IN TIME. VEHICLE C DID NOT MANAGE TO STOP IN TIME AND HIT ONTO THE REAR OF MY VEHICLE AND CAUSE MY VEHICLE TO MOVE FORWARD AND HIT ONTO VEHICLE B REAR. VEHICLE B HIT ONTO VEHICLE D REAR.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMV7353R
Vehicle Manufacturer	BMW
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF501K
Vehicle Manufacturer	Mini
Vehicle Model	Clubman
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	LI SHISI
NRIC No	S8937022A
Contact Number	(Phone) +65-98565045
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	SMQ4295X
Vehicle Manufacturer	Honda
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	White
Vehicle Category	Private car
Name of Driver	YQ TAN
Contact Number	(Phone) +65-93636035
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

circumstance of the Accident

REFER TO GEARS

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

Policyholder's Signature / Date & Time
18/08/2021
17:30hrs

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

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)
TREN TON KIAN HENRY

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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.
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.
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 envelope/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.

SKETCH PLAN

Policyholder's Signature / Date & Time: Muller 19/08/2022 17:30hrs

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

Witnessed By Reporting Centre Personnel (Name as in NRIC/ID card): THAN TON KAT HENRY

Sketch Plan

1







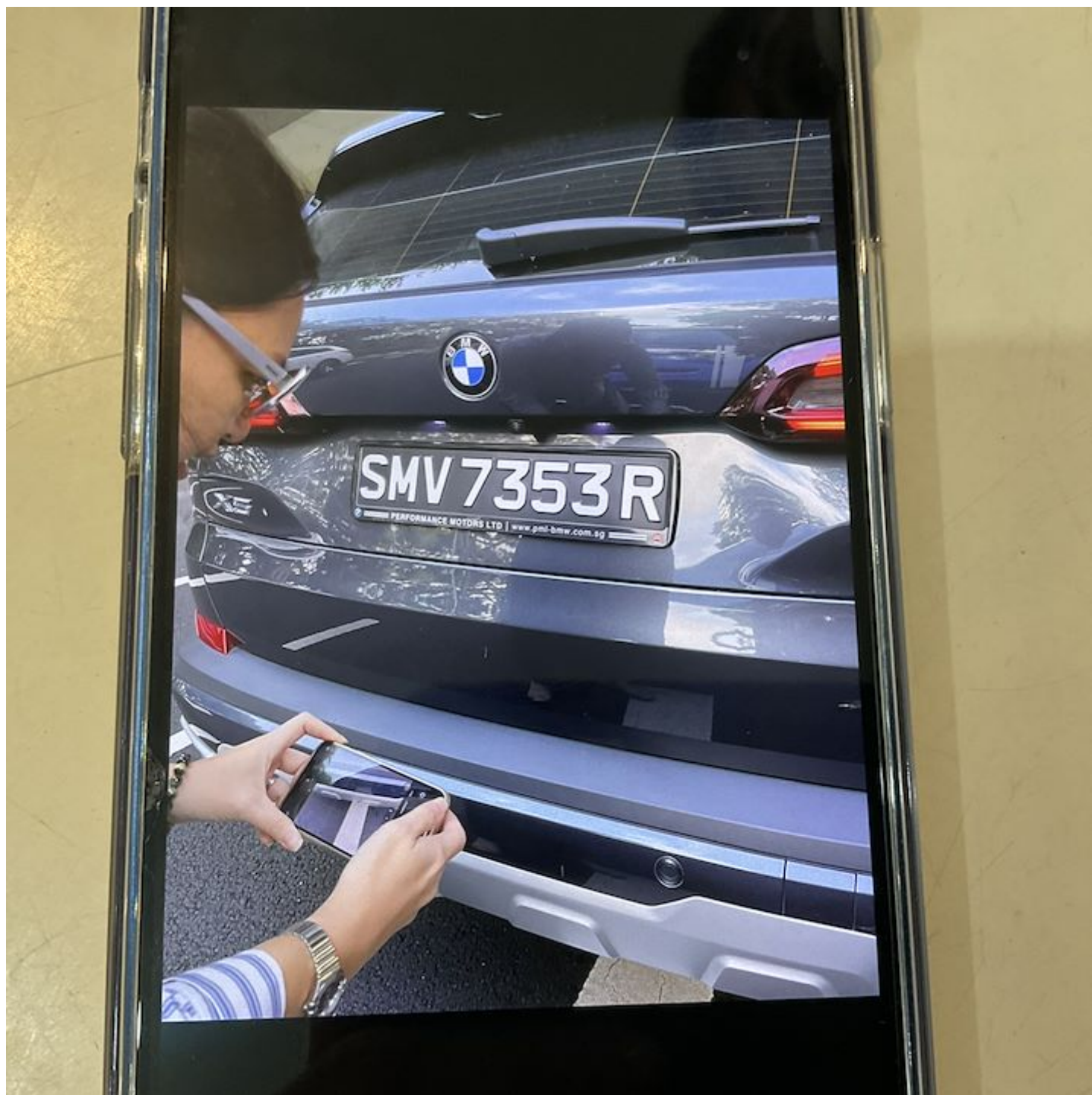


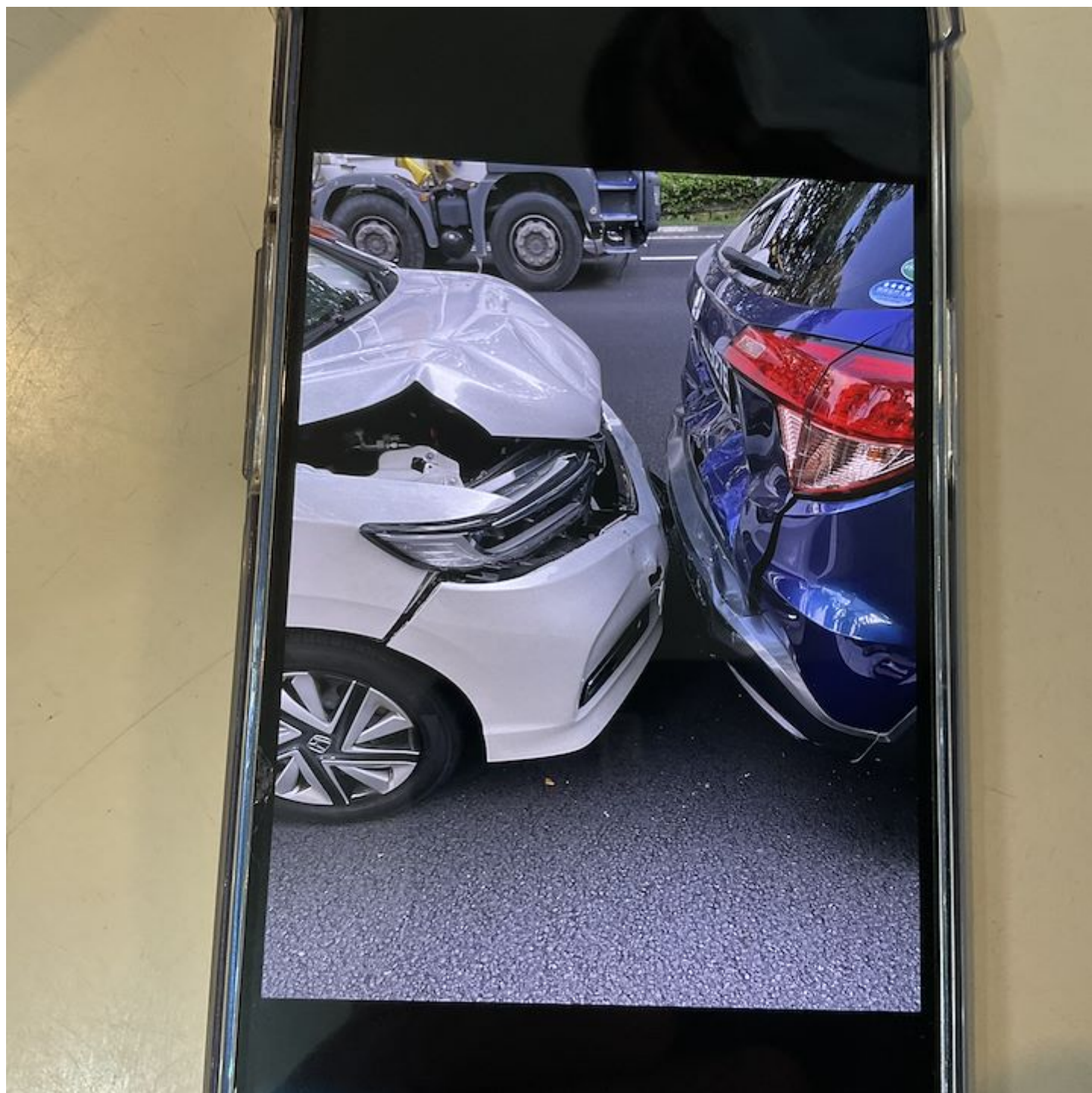


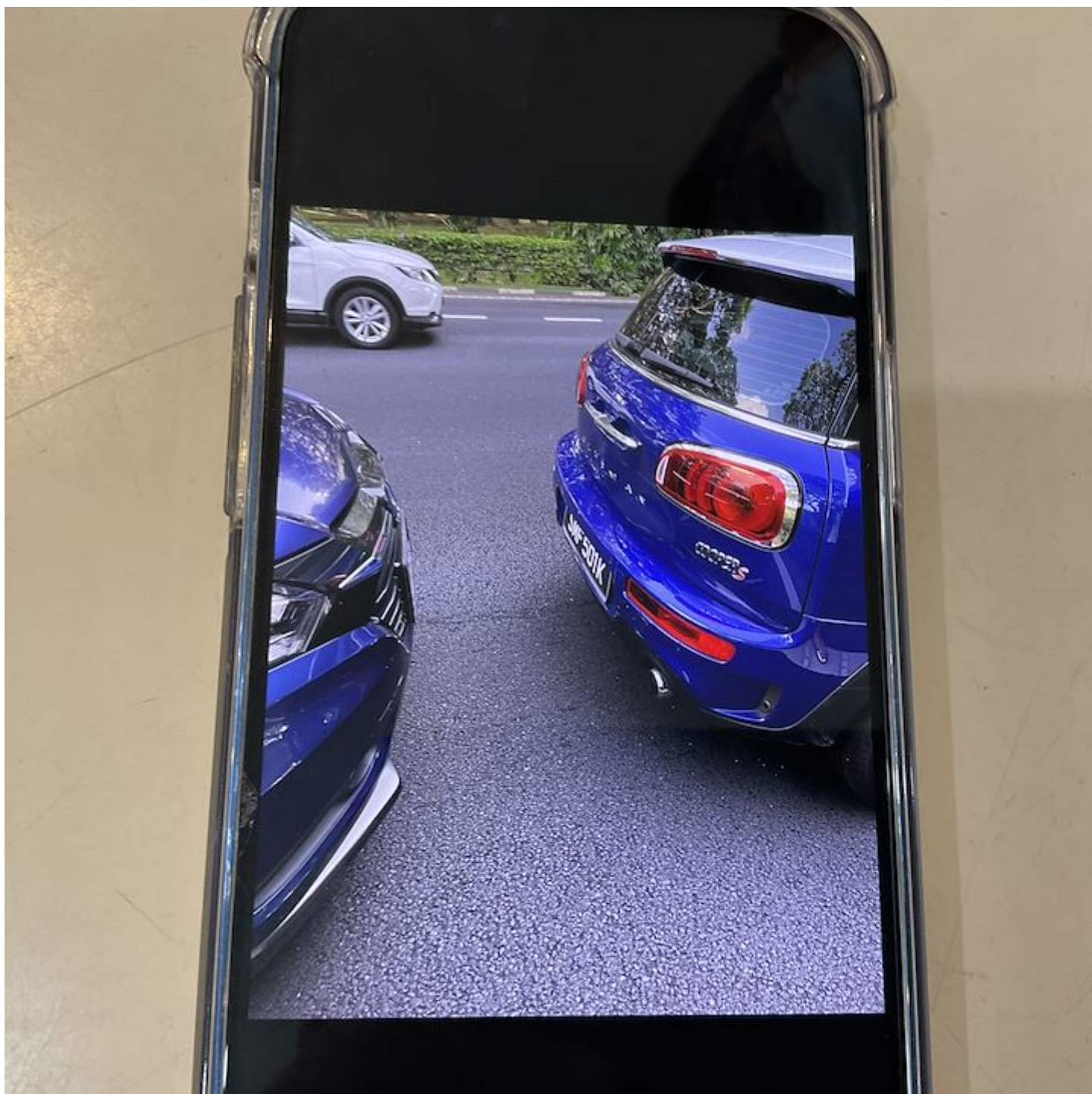












EVERWELL CLINIC & SURGERY
45 OWEN ROAD 01-289, SINGAPORE 210045
Tel1: 62969429 Fax: 62969429

Medical Certificate

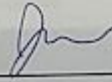
Date : 18 Aug 2022

MC No. : 0000029468

This is to certify that :

Name : LIM CHUAN KWEE
NRIC : S1295894C

is Unfit for Duty for 2 days
from 18 Aug 2022 to 19 Aug 2022 inclusive.


DR. THAM HOE MENG
MBBS, Singapore

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*