

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 03/06/2021 10:44 (SGT)
Date of Accident 02/06/2021 14:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information NOUVEL 18 B2 CAR PARK PUTSIDE LOBBY TO STACK 6
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT8181K

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LIM HWEE MIN AMY
NRIC No SXXXX503I
Email Address JPCONCEPTZ.711@GMAIL.COM
Mobile Phone No (Phone) +65-81810811
Alternative Phone No +65-81810811

VEHICLE PARTICULARS

Manufacturer Toyota
Model PREVIA AERAS 2.4 CVT MR
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 2362

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number MT/00685484
Cover Note Number -

DRIVER

Name of Driver LIM HWEE KIAN EILEEN
NRIC No SXXXX426F

Date Of Birth	26/01/1979
Occupation	Indoor
Date Of Driving Pass	27/10/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Female
Mobile Number	(Phone) +65-81810811
Alt. Phone Number	-
Email Address	JPCONCEPTZ.711@GMAIL.COM
Address	BLK 642 ROWELL ROAD #25-119
Address complement	-
Postcode	200642
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Sibling
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	Side Swipe
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 material 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 THE 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	GBG4715J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIA HOW CHEIN
Passport No/FIN	GXXXX423P
Contact Number	-
Address	-

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

SKETCH PLAN

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 willful 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. The 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.
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.

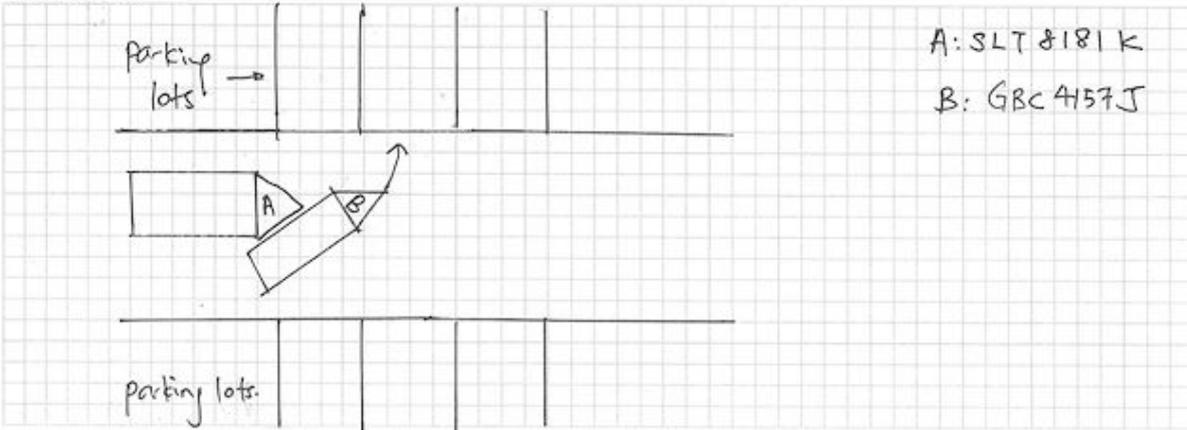
 3/6/21 9:30am
 Policyholder's Signature / Date & Time

 3/6/21 9:30am
 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 driving straight, heading straight towards lobby of the development Nouvel 18 stack 6 @ 18 Anderson Road S259977. The silver lorry GBC4157J (on my right side) suddenly make a wide left turn and the rear left side of his lorry hit onto my vehicle's front bumper right side. I stepped on my brakes immediately but the lorry still hit unto me and went through my bumper even when my vehicle is already stationary. The lorry did not signal also when he made the wide turn.

Kindly send the GIA report to my appointed workshop @ jconceptz.711@gmail.com. (Attn: Jaycie).

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

 2/6/21 9.30am.

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

 2/6/21 9.30am.

Witnessed by Reporting Personnel

























GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : SV0S21630001 Vehicle Registration No: SLT 8181 K
 Name (as shown in NRIC) : Lim Hwee Min Amy NRIC/FIN/Passport No : SXXXX503 I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : _____ Singapore ()
 Contact (Tel) : _____ Mobile No. : 81810811
 Email Address : jpcnceptz.711@gmail.com
 Date of Accident : 2/6/2021 Time of Accident : 14:30
 Place of Accident : Nouvel 18 B2 Carpark outside lobby to Stack 6.
 Insurance Company : Direct Asia

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To amend third party vehicle number typing error.
Amend to GB94713J

[Signature]
 Policyholder / Driver's Signature
 Date:

[Signature]

 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:
 Date: