

## 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	08/12/2022 16:43 (SGT)
Reported by	Both
Date of Accident	08/12/2022 11:45 (SGT)
Exact Location of Accident	Pasir Ris Dr 1, Singapore
Additional Location Information	SLIP ROAD OF PASIR RIS DR 1 TOWARDS PASIR RIS DR 12.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJQ9143D
INSURED/POLICYHOLDER	
Is company?	No
Name Of Registered Owner	LIM MENG CHYE
NRIC No	S7033824F
Email Address	JASLIM_2007@HOTMAIL.COM
Mobile Phone No	(Phone) +65-90939957
Alternative Phone No	-

#### VEHICLE PARTICULARS

Manufacturer	Honda
Model	Jazz
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private car
Transmission	Auto
CC	1300

#### INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5106796299-03

#### DRIVER

Name of Driver	LIM MENG CHYE
NRIC No	S7033824F
Date Of Birth	16/09/1970
Occupation	Indoor

Date Of Driving Pass	04/06/1997
Driving experience	25 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90939957
Alt. Phone Number	-
Email Address	JASLIM_2007@HOTMAIL.COM
Address	BLK 518 BEDOK NTH AVE 2 #06-167
Address complement	-
Postcode	460518
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?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
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	-

#### PASSENGER 1

Name	UNKNOWN
Gender	Female

#### 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 08/12/2022 AT ABOUT 1145 HRS, AT ALONG SLIP ROAD OF PASIR RIS DR 1 TOWARDS PASIR RIS DR 12. I WAS TRAVELLING ON THE EXTREME LEFT LANE AT THE ABOVE MENTIONED SLIP ROAD AND CAME TO A COMPLETE STOP WHILE GIVING WAY TO THE MAIN TRAFFIC. SUDDENLY, I HEARD A LOUD BANG FROM BEHIND, WHEN I ALIGHTED, I REALISE IT WAS VEHICLE B WHO HIT ONTO THE REAR PORTION OF VEHICLE A CAUSING DAMAGES TO MY VEHICLE. I HAVE 1 FEMALE PASSENGER ONBOARD MY VEHICLE. AFTER THE ACCIDENT, I FELT DISCOMFORT AND WILL CONSULT A DOCTOR.

#### 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	GBG3170L
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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)	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person	LIM CHENG CHYE
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJQ9143D
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

## 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 Berenos 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 lodging 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.

### 6 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

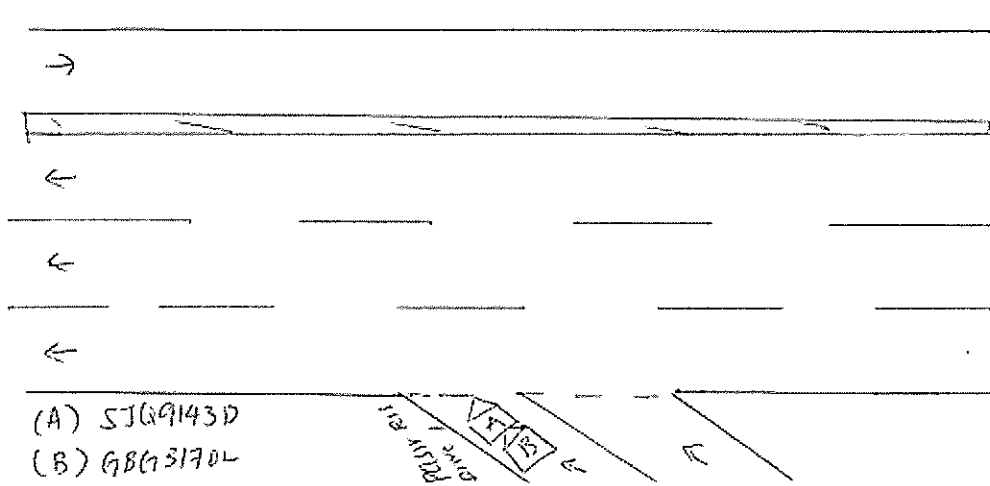
\_\_\_\_\_  
 Policyholder's Signature  
 Date & Time: \_\_\_\_\_

\_\_\_\_\_  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: \_\_\_\_\_

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

I hereby authorise SME Motor Pte Ltd to send my  
 Accident report to my workshop \_\_\_\_\_,  
 via email / fax  
 Signature: \_\_\_\_\_

PASIR LILS DRIVE 12



On 08/12/2022 at about 1145 hours at along Slip road of  
Fairfis Drive 1 towards Fairfis Drive 12. I was travelling  
on the extreme left lane at the above mentioned Slip  
road and came to a complete stop while giving way to  
the main traffic. Suddenly, I heard a loud bang from  
behind, when I alighted, I realise it was vehicle (B) who  
hit onto the rear portion of vehicle (A) causing damages to  
my vehicle. I have 1 female passenger onboard my vehicle.  
After the accident, I felt discomfort and will consult a doctor

(A) SJU9143D (B) HBG3170L

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under  
your own comprehensive policy. Please check your policy for more information.

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

Policyholder's Signature \_\_\_\_\_  
Date & Time \_\_\_\_\_

Director's Signature \_\_\_\_\_  
(If driver is not the notaryholder)  
Date & Time: \_\_\_\_\_

Reporting Center Supervisor's Signature  
Name:  
USC/CEN No.: