

MTLM15011950/Tan Lim Motor Pte Ltd - Data
ENTRY DATE & TIME: 20050216 09:39

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 Authorized 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 ability.
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 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 elsewhere.

ACCIDENT STATEMENT

Date Of Report	30/01/2015 09:39
Date Of Accident	29/01/2015 12:35
Exact Location Of Accident	Carpark of Norris Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YX3646M
Insured/Policyholder	
Name Of Registered Owner	EXCELLENCE ELECTRICAL TRADING
Co Reg No	52865962J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-96914458

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-2.5 (M)
Exact Purpose for which vehicle was being used at time of accident	Parked
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Commercial Vehicle

Insurance Company

Name of Insurance Company	NTJC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	5052052708-03
Cover Note Number	01.10.14-30.09.15

Driver

Name of Driver	NG CHIN SENG (HUANG JINSHENG)
NRIC No	S7100032Z
Date Of Birth	05/01/1971
Occupation	Indoor
Date Of Driving Pass	22/04/1997
Driving Experience	17 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-96914458
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address Block 541 Hougang Avenue B
#06-1209

Postcode 530541

Was driver an employee of the Insured's Company Yes

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident Damaged whilst parked

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? No

Number of Passengers (Including Driver) 0

Details of Police Action

Was the accident reported to the police? No

If Yes, Please state which Police Station

Was notice of intended Prosecution given? No

If Yes, against whom?

Circumstances of Accident

Refer to sketch plan.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY147X

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg.1

SKETCH PLAN

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- 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 a/crossed.
- 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' law firms/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 postages); 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' law firms/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/are be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time 20/01/15 @ 0946hr



Driver's Signature (If driver is not the policyholder) / Date & Time 20/01/15 @ 0946hr



Witnessed by Reporting Centre Personnel

Sketch Plan

Refer to Scene photo	A. JK3646M B. SJY147K
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Sketch Plan Pg.2

Describe Circumstances of the Accident


On 20/01/15 at about 12:34 hrs, I parked my lorry in front of Shop base 17 Nones Road. Vehicle B which want to parked into the parking lot in front of my vehicle reversed and hit into the front portion of my vehicle. I confront her about the incident and show her my video footage. However, she still denied.

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

30/01/15 G



Witnessed by Reporting Centre Personnel