

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	12/03/2016 12:05
Date Of Accident	11/03/2016 22:25
Exact Location Of Accident	JUNCTION OF MIDDLE ROAD TO WATERLOO
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ7195C
Insured/Policyholder	
Name Of Registered Owner	EFFICIENT MOTORS PTE LTD
Co Reg No	201542495N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88289159
Alternative Phone No	Office-91244015

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
Exact Purpose for which vehicle was being used at time of accident	SENDING PASSENGER TO DESTINATION
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	Private Car

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	5077004477
Cover Note Number	

Driver

Name of Driver	LIM WONG MING DANIEL
NRIC No	S7238739B
Date Of Birth	12/10/1972
Occupation	Outdoor
Date Of Driving Pass	15/03/1996
Driving Experience	19 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-97373053
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	6 WOODLEIGH CLOSE #07-13
Postcode	357902
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - CONTRACTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Side Swipe- Same Direction
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)	2

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

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBJ7194B
Vehicle Make/Model/Colour	MOTORBIKE
Details Of Properties	
Name of Driver	FIRHAN BIN ABDUL RASHED
NRIC/Passport Number	S89291111
Contact Number	81832044
Address	BLK 147 TAMPINES AVENUE 5 #02-232
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	KEVIN LAI
Phone Number	96465890
Email Address	

Sketch Plan

SKETCH PLAN

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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.

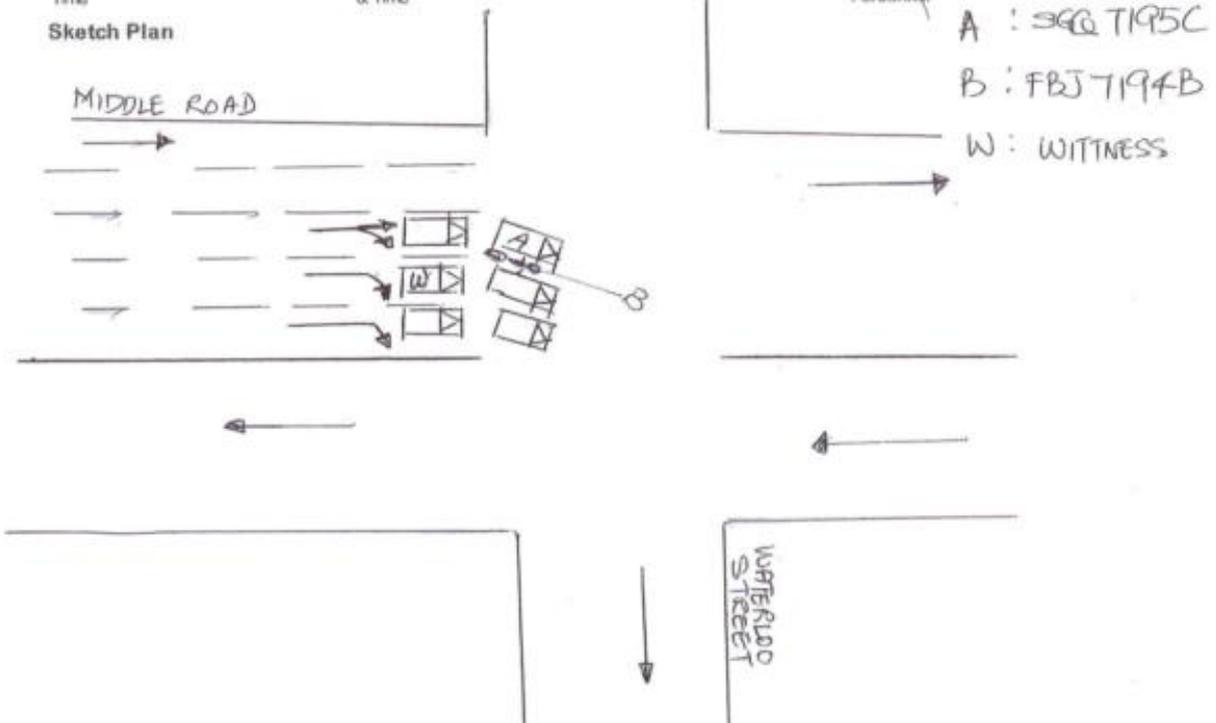


Policyholder's Signature / Date & Time

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

[Signature] 12.03.2016
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I WAS TRAVELLING ALONG MIDDLE WHILE MAKING
A RIGHT TURN.
A MOTOR CYCLE SUDDENLY BAKIE INTO MY RIGHT
PORTION.
MY PASSENGER CALLED AMBULANCE AND TRAFFIC
POLICE.
VEHICLE B REFUSE TO BE ADMITTED TO HOSPITAL.
TP OFFICER ADVISE US TO MAKE OUR OWN
REPORT.
MY CAR WAS TOWED TO WORKSHOP AS TP DOES
NOT ALLOW ME TO DRIVE WITHOUT A MIRROR.

Declaration

NOTE: PLEASE NOTE YOUR INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR YOU TO SUBMIT
AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE INFORMATION.

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature] 12/3/16

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

[Signature] 12.03.2016

Witnessed by Reporting Centre Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

