

## 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	20/11/2017 15:26
Date Of Accident	19/11/2017 19:50
Exact Location Of Accident	527 HOUGANG AVENUE 6 CARPARK EXIT DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7781J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD BIN IBRAHIM
NRIC No	S1804422F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94592099
Alternative Phone No	OTHERS-94592099

### Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	LEISURE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084701730
Cover Note Number	DRIVO CLASSIC E.W.

### Driver

Name of Driver	AHMAD BIN IBRAHIM
NRIC No	S1804422F
Date Of Birth	31/05/1967
Occupation	INDOOR
Date Of Driving Pass	10/10/1984
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94592099
Fax Number	
Contact Number	OTHERS-94592099
Email Address	NOEMAIL

Address	BLK 774 PASIR RIS STREET 71 #13-392
Postcode	510774
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### 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 this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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

I was waiting at the stop line waiting for traffic to clear before I can make a left turn towards the main road of Hougang avenue 6. Suddenly there was an impact from my vehicle A's rear. Then I realized that vehicle B had hit onto the rear of my vehicle A. No injuries reported at the scene.

#### 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	SLG3274C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MICHELLE HO PEI YING
NRIC/Passport Number	S8842811J
Contact Number	91914111
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

INCOME MOTOR SERVICE CENTRE

Vehicle No: SLF77811

Report Date & Start Time: 20/11/17 / 15:33

Report No: MT/

D.O.A: 19/11/2017

Make / Model: BMW 523i

Reporting Type:                      End Time:                     

Time: 1950 hrs  
hrs

### SKETCH PLAN

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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 lodgment 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.
- (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.



20/11/17 / 15:33

Policyholder's Signature / Date & Time

20/11/17 / 15:33

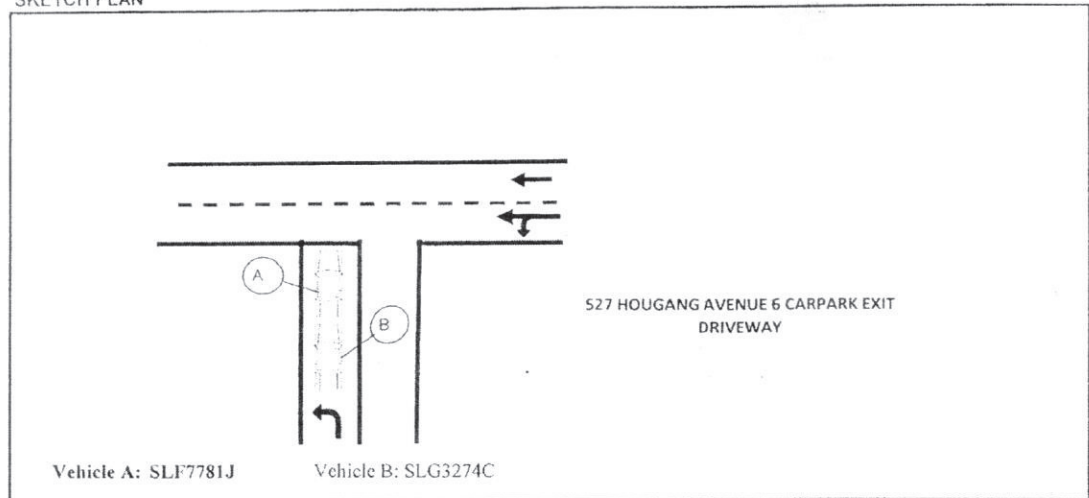
Driver's Signature (If driver is not the policyholder) / Date & Time

Aaron Chuah (S991802)  
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the stop line waiting for traffic to clear before I can make a left turn towards the main road of Hougang avenue 6. Suddenly there was an impact from my vehicle A's rear. Then I realized that vehicle B had hit onto the rear of my vehicle A. No injuries reported at the scene.

Declaration

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

11/20/2017 15:33

Policyholder's Signature / Date & Time

11/20/2017 15:33

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

Aaron Chuah (S991802)   
Customer Care Executive  
Motor Service Centre

Witnessed by Reporting Centre Personnel

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type	Singapore NRIC
Owner ID	4422F
<b>Vehicle Details</b>	
Vehicle No.	SLF7781J
Vehicle to be Exported	Yes
Intended De-registration Date	21 Nov 2017
Vehicle Make	B.M.W.
Vehicle Model	523i XL
Primary Colour	Black
Manufacturing Year	2007
Engine No.	72834083N52B25AE
Chassis No.	WBANU120X0CW24249
Maximum Power Output	140.0 kW (187 bhp)
Open Market Value	\$52,765.00
Original Registration Date	31 Jan 2008
First Registration Date	31 Jan 2008
Transfer Count	1
Actual ARF Paid	\$58,042.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	30 Jan 2018
PARF Rebate Amount	\$29,021.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date	30 Jan 2018
COE Category	E - Open Category
COE Period(Years)	10
QP Paid	\$16,000.00
COE Rebate Amount	\$301.00
<b>Total Rebate Amount</b>	<b>\$29,322.00</b>

The information contained herein is correct as at 21 Nov 2017

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