

## 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	27/11/2017 18:56
Date Of Accident	05/11/2017 04:50
Exact Location Of Accident	ALONG ST JAMES POWER STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD5238Y
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#### Insured/Policyholder

Name Of Registered Owner	UNITED MOTORING PTE LTD
Co Reg No	201634759H
Email Address	UNITEDMOTORING@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-93258888
Alternative Phone No	OFFICE-93258888

#### Vehicle Particulars

Manufacturer	BMW
Model	523I
Exact Purpose for which vehicle was being used at time of accident	GATHERING
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094142467
Cover Note Number	

#### Driver

Name of Driver	NEO CHUAN SHENG
NRIC No	S9710731I
Date Of Birth	31/03/1997
Occupation	INDOOR
Date Of Driving Pass	09/06/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93258888
Fax Number	
Contact Number	OTHERS-93258888
EEmail Address	UNITEDMOTORING@SINGNET.COM.SG

Address	BLK 218 BUKIT BATOK STREET 21 #01-315
Postcode	650218
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	WET

#### 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

PLEASE REFER TO SKETCH PLAN(COLLISION TYPE IS T/P REVERSE AND HIT INSURED)

#### 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	SJR3195M
Vehicle Make/Model/Colour	AUDI A4
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	81255780
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### SKETCH PLAN

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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 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.



Policyholder's Signature  
Date & Time:

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

  
27/11/2017  
Name: Ross WATSON  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN

ST JAMES PowerHouse

A) SKD 5238Y

B) SJR 3195M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I PARKED MY CAR, AND WAS ABOUT TO ALIGHT MY CAR WHEN I FELT A BUMP AND SAW A CAR SSR3195M BUMP INTO THE REAR OF MY CAR WITH THE REVERSE LIGHT ON. HE CAME DOWN AND SAW - BOTH CARS ~~HIT~~ BUMP TOGETHER SO HE WENT BACK INTO HIS CAR AND MOVED FORWARD. I THEN APPROACH HIM AND CHECK ~~THE~~ OUR CARS TOGETHER. I DIDN'T PURSUE THIS MATTER AS MY CAR WAS ABOUT TO SCRAP. WE THEN CHAT AND I GAVE HIM MY NAMECARD AND TOLD HIM THAT HE CAN LOOK FOR ME IF IN THE FUTURE HE WANT TO SELL OR BUY CAR. HE LOOK HAPPY AND RELIEF THAT I DID NOT CLAIM HIM. I ONLY JUST RECEIVED HIS LETTER AND SHORTLY HIS CALL. : CAME AND I ASKED WHAT IS THIS ABOUT. I TOLD HIM IF HE WANTS TO PLAY STUNTS LIKE THIS I'M ALSO GOING TO REPORT HIM. I TOLD HIM LET'S SEE WHO CLAIM WHO, HE THEN TOLD ME THAT HE WOULD CANCEL THE CLAIM AND PRIVATE SETTLE WITH ME USING WEEKLY INSTALLMENT. BUT WHEN I CALLED HIM HE DIDN'T ANSEW OR REPLY MY MESSAGES TO I DECIDED TO CLAIM HIM NOW.

## DECLARATION

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



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

re true in every respect.

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

*ms* 27/11/17

Reporting Centre Personnel's Signature  
Name: Paul W. H.  
NRIC/FIN No.:



### Sketch Plan #3



Our Ref: MT/CA/TP/001/0968575-001/AL/VU

07 Nov 2017

UNITED MOTORING PTE LTD  
1 BUKIT BATOK CRESCENT  
#05-02 WCEGA PLAZA  
SINGAPORE 658064

Dear Policyholder

**CLAIM NUMBER: MT/0968575-001**  
**ACCIDENT INVOLVING SKD5238Y / SJR3195M on 5 Nov 2017**

We would like to inform you that a claim has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
- b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at [motor@income.com.sg](mailto:motor@income.com.sg).

Yours sincerely

Goh Peng Hong  
Manager  
Motor Insurance

Sketch Plan #4



ACRA NUMBER: 200911678H

GST REGISTRATION NUMBER: 200911678H

Your Reference: SKD 5238Y  
Our Reference: SJR 3195M

07/11/2017

UNITED MOTORING PTE LTD  
1 BUKIT BATOK CRESCENT  
#05-02 WCEGA PLAZA  
SINGAPORE 658064

RIAZ QAYYUM (LLB HONORIS CAUSE)  
DIRECTOR

TAN KOK SIANG (LLB HONORIS CAUSE)  
ASSOCIATE

ABDUL HALIM BIN ROSALAN (LLB HONORIS CAUSE)  
ASSOCIATE

BY COP

Dear Sirs

**ACCIDENT INVOLVING MOTOR VEHICLES NO: SJR 3195M AND SKD 5238Y ON 05.11.2017  
ALONG ST JAMES POWERHOUSE AT ABOUT 0450 HOURS**

We act for **SJR 3195M** which was involved in the above road traffic accident.

Our investigation reveals that you were the owner of motor vehicle **SKD 5238Y** at the material time of the accident.

In the circumstances, please provide the following information:-

1. the name, NRIC number, telephone number and address of the driver of your motor vehicle at the material time of the accident;
2. whether the said motor vehicle was at the time of the accident covered by a policy of insurance, if so, the correct particulars of the motor vehicle thereof; and
3. whether the driver was at the time of the accident driving as your servant or agent.

Please **TAKE NOTICE** that there is a presumption in law that the said driver was driving as your servant or agent at the material time of the accident and if we do not hear from you within **ten (10)** days from the date hereof, we shall commence legal action against you as the Defendant for being liable for the damages, loss and expense suffered by our client in the above accident.

We would also advise that as you are insured under an insurance policy to report the accident to your insurers immediately if you had not already done so. This is to safeguard your interest. **Your failure to do so may result in your insurers repudiating liability to the accident.**

**In such an event you will have to bear our client's claim totally on your own if your insurers repudiate liability.**

For your convenience, you may email your reply to [RIAZ@JUSTICE.COM.SG](mailto:RIAZ@JUSTICE.COM.SG) and please include our case file reference number. Alternatively you may contact our Ms Huiling at telephone number 6534 0110 to provide the required information or fax the reply to our office at 6534 0220.

We appreciate your kind co-operation in the matter.

Yours faithfully,

Cc: ALPHA CAR SERVICES

133 NEW BRIDGE ROAD #09-09 CHINATOWN POINT SINGAPORE 059413  
TEL: 65340110 FAX: 65340220 EMAIL: [RIAZ@JUSTICE.COM.SG](mailto:RIAZ@JUSTICE.COM.SG)  
(PLEASE NOTE THAT OUR FAX IS NOT FOR SERVICE OF COURT DOCUMENTS)  
[WWW.INJURYCLAIMS.SG](http://WWW.INJURYCLAIMS.SG)



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

