

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	28/11/2017 14:22
Date Of Accident	27/11/2017 14:30
Exact Location Of Accident	BLK 203 HOUGANG ST 21 OPEN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX5358R
Insured/Policyholder	
Name Of Registered Owner	DYNAMIC TECH ENGINEERING PTE LTD
Co Reg No	201619564D
Email Address	NICELIHONG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96723619
Alternative Phone No	OFFICE-91762497

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	SCIROCCO-1.4 (A)
Exact Purpose for which vehicle was being used at time of accident	COMPANY USE
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	5088114224
Cover Note Number	22/02/2017 - 21/02/2018

Driver

Name of Driver	ZHANG LIHONG
NRIC No	S7863842G
Date Of Birth	20/06/1978
Occupation	INDOOR
Date Of Driving Pass	04/06/2009
Driving Experience	8 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96723619
Fax Number	
Contact Number	
EMail Address	NICELIHONG@YAHOO.COM.SG

Address	BLK 24 SIRAT ROAD #02-04
Postcode	545782
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	COLLISION - HEAD ON COLLISION
Weather Conditions	AFTER RAIN
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)	3

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

MY VEHICLE WAS EXITING OUT FROM MY SAID CARPARK LOT ALONG BLK 203 HOUGANG ST 21 OPEN CARPARK. AFTER ENSURING NO ONCOMING VEHICLES, I PROCEED TO MOVE FORWARD AND TURN LEFT. AS I WAS TURNING LEFT (THREE QUARTER OUT OF THE CARPARK LOT WITH 45 DEGREE OUTWARD), VEHICLE B FROM THE ENTRANCE BARRIER MADE A LEFT TURN WITHOUT NOTICING MY VEHICLE AND HIT ONTO MY FRONT RIGHT PORTION. NO ONE WAS INJURED.

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	SCH5454M
Vehicle Make/Model/Colour	PEUGEOT 2008
Details Of Properties	FRONT LEFT PORTION
Name of Driver	LIM YEW BIN
NRIC/Passport Number	
Contact Number	97899409
Address	
Postcode	
Insurance Company Name	AXA LTA
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1

NTUC Income Motor Service Centre

Report No: MT

D.O.A:

Vehicle No:

Make : Model:

Report Date: 11/28/2017 Start Time: 2:34 PM

Reporting Type: TP

End Time:

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 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 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 reasonable required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, law or court orders.



11/28/2017 14:34

Policyholder's Signature
Date & Time:

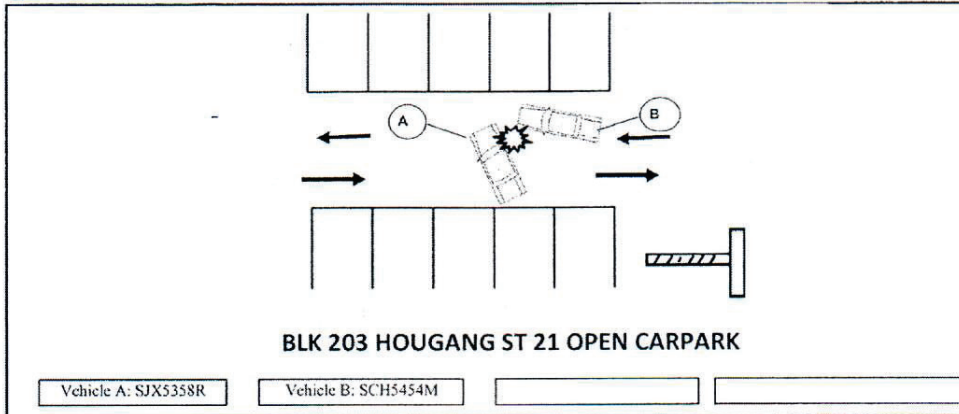
Driver's Signature (If driver is not the policyholder)
Date & Time:

11/28/2017 14:34

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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



11/28/2017 14:34

Policyholder's Signature
Date & Time:

Wx

11/28/2017 14:34

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

[Signature]

Reporting Centre Personnel's Signature
Name: Chen JunLiang
NRIC/Fin No: S990765