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 witholding 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 09:17
Date Of Accident	25/11/2017 20:50
Exact Location Of Accident	T JUNCTION TAKASHIMAYA CARPARK EXIT & ORCHARD TURN
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC13H
Insured/Policyholder	
Name Of Registered Owner	AMEER LIMO SERVICES
Co Reg No	53236688C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96199262
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	VITO 115
Exact Purpose for which vehicle was being used at time of accident	LIMOUSINE SERVICE
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5059955168-04
Cover Note Number	
Driver	
Name of Driver	JAMIL BIN SULAIMAN
NRIC No	S1598865G
Date Of Birth	25/10/1963
Occupation	OUTDOOR
Date Of Driving Pass	19/02/1988
Driving Experience	29 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96199262
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 416 #11-48 SAUJANA ROAD
Postcode	670416
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	SIDE SWIPE
Weather Conditions	DRIZZLING
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)	4

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 making a right turn from lane 2 of Takashimaya Carpark exit in to Orchard Turn. As the traffic was heavy, I slowly filtered and while halfway making the right turn, vehicle B did a wide turning. Vehicle B was also making the right turn from lane 1 in to Orchard Turn. The front left bumper area of vehicle B side swiped into the right passenger door area of my vehicle A.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH9072R
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	ALDEN CHAN YEW MENG
NRIC/Passport Number	S1791991A
Contact Number	98305995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

INCOME MOTOR SERVICE CENTRE Vehicle No: PC13H Report Date & Start Time: 27-11-17 / 9:09

Report No: MT/_____ D.O.A: 25-11-2017 Time: 20:50 hrs Make / Model: MERCEDES BENZ V Reporting Type: _____ End Time: ___ / ___

SKETCH PLAN

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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.

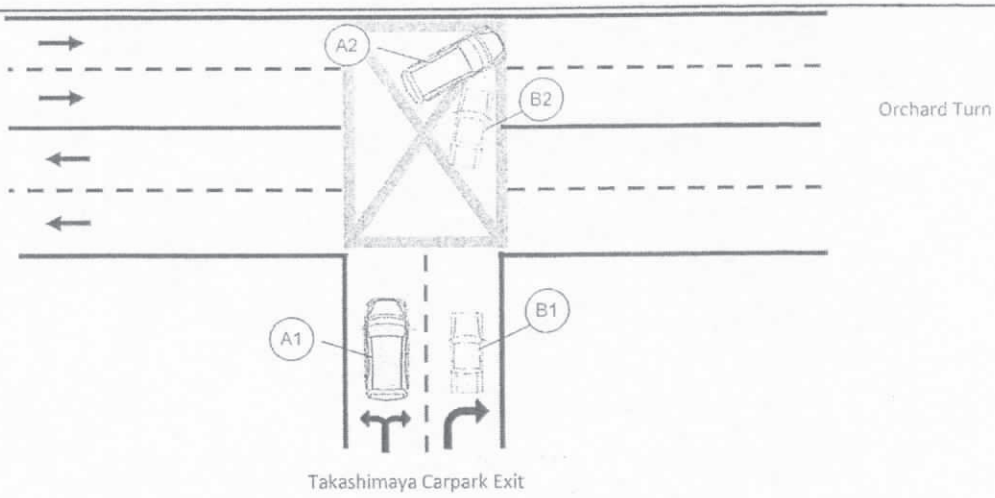
Services Ameer Limo

27-11-17 / 9:09
Policyholder's Signature / Date & Time

27-11-17 / 9:09
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Peronnel

SKETCH PLAN



Vehicle A: PC13H Vehicle B: SH9072R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Declaration

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

Services Meer Limo

27-11-17 9:09
Policyholder's Signature / Date & Time

27-11-17 9:09
Driver's Signature (If driver is not the policyholder) / Date & Time

Alan Tang (S098825)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Business
Owner ID	6688C

Vehicle Details

Vehicle No.	PC13H
Vehicle to be Exported	No
Intended De-registration Date	06 Dec 2017
Vehicle Make	MERCEDES BENZ
Vehicle Model	VITO115E EU4
Primary Colour	Black
Manufacturing Year	2008
Engine No.	64698051550652
Chassis No.	WDF63970523424728
Maximum Power Output	-
Open Market Value	$52,226.00
Original Registration Date	02 Jul 2008
First Registration Date	02 Jul 2008
Transfer Count	3
Actual ARF Paid	$2,612.00

Intended PARF Rebate Details

PARF Eligibility	No
PARF Eligibility Expiry Date	-
PARF Rebate Amount	$0.00

Intended COE Rebate Details

COE Expiry Date	01 Jul 2018
COE Category	C - Goods Vehicle & Bus
COE Period(Years)	10
QP Paid	$12,002.00
COE Rebate Amount	$683.00
Total Rebate Amount	**$683.00**

The information contained herein is correct as at 06 Dec 2017

OK