

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	07/12/2017 16:28
Date Of Accident	07/12/2017 14:15
Exact Location Of Accident	CHANGI AIRPORT T2 CARPARK COMPOUND (LEVEL 1)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGL5289E
Insured/Policyholder	
Name Of Registered Owner	AK88 SUCCESS SERVICES
Co Reg No	53323095X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90628944
Vehicle Particulars	
Manufacturer	MAZDA
Model	6-2.0 SP (A)
Exact Purpose for which vehicle was being used at time of accident	PTE 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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084512564-01
Cover Note Number	28/09/2017 - 27/09/2018
Driver	
Name of Driver	KWEK ZHI YUAN (GUO ZHIYUAN)
NRIC No	S8338357G
Date Of Birth	22/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2003
Driving Experience	14 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90628944
Fax Number	
Contact Number	
Email Address	ANDYKWEK1983@GMAIL.COM

Address	BLK 962 HOUGANG AVE 9 #14-584
Postcode	530962
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 - MAJOR/MINOR RD
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)	1

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 DRIVING ALONG THE CARPARK DRIVEWAY WHEN I FELT A SUDDEN IMPACT FROM MY RIGHT. MOTOR CAR SDG929L HAD CAME OUT FROM THE 'STOP' LINE AND COLLIDED ONTO MY VEHICLE WHOLE RH 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	SDG929L
Vehicle Make/Model/Colour	AUDI BLACK
Details Of Properties	
Name of Driver	SUSANTO JANTI @ LIM LIE TJOE
NRIC/Passport Number	S2181947F
Contact Number	90926008
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

VEHICLE NO.: SGL 5289 E
INSURER : NTUC
DATE & TIME: 07/12/17 @ 1415

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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.
- (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: 07/12/17

Reporting Centre Personnel's Signature
Name: Doreen (ANNE)
NRIC/FIN No.: 07/12/17



Sketch Plan #2

SKETCH PLAN

Vehicle No: SGL 5289E
INSURER: NTUC
DATE & TIME: 07/12/2017 @ 1415

Sketch Plan

A: SGL 5289E (alone).

B: SDG 929L
Susanto Janti @
Lim Lie Jioe
S2181947F
90926008(hp)

Location:
Changi Airport T2
Carpark compound
(Level 1)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: SGL 5289E (NTUC)

Date & Time: 07/12/2017 @ 1415 (Heavy duty)

I was driving along the carpark driveway when i felt a sudden impact from my right. Motor car SDG 929L had came out from the 'stop' line and collided onto my vehicle whole RH portion. No one was injured.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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

Police/Insurer's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 07/12/17

Reporting Centre Personnel's Signature
Name: (AMK)
NRIC/FIN No.:

0140MTC SketchPlanForm V3 () Claim Own Policy () Claim Third Party () Reporting Only
() Claim OD/TP at other workshop ()