

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 29/11/2017 16:56
Date Of Accident 29/11/2017 15:25
Exact Location Of Accident 137 TO 139 TAMPINES STREET 11 OPEN CARPARK
Country/State of Loss SINGAPORE

VEHICLE AND DRIVER DETAILS

Vehicle Registration Number PC6021U
Insured/Policyholder
Name Of Registered Owner TS LIMO SERVICE
Co Reg No 53252053W
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-86148847
Alternative Phone No OFFICE-91279555
Vehicle Particulars
Manufacturer TOYOTA
Model HIACE COMMUTER BUS
Exact Purpose for which vehicle was being used at time of accident WORK PURPOSES
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 COMPREHENSIVE
Fleet Policy NO
Policy Number 5091715593
Cover Note Number COMPREHENSIVE
Driver
Name of Driver CHENG KWEE LEONG
NRIC No S1468240F
Date Of Birth 25/09/1961
Occupation OUTDOOR
Date Of Driving Pass 10/06/2009
Driving Experience 8 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-91279555
Fax Number
Contact Number
Email Address NOEMAIL

Address BLK 146 TAMPINES AVENUE 5
#05-228
Postcode 521146
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 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) 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

After I entered the open carpark located at 137 Tampines street 11, I proceed to look for a parking lot. I saw there is a empty lot therefore I slowed down my vehicle A and attempt to position my vehicle A to reverse park. After positioning my vehicle A, I stopped stationary my vehicle and wanted to engage my reverse gear, just after I stop my vehicle A, I felt an impact from my vehicle A's left rear then I realize 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 SHA3903A
Vehicle Make/Model/Colour
Details Of Properties TAXI
Name of Driver YEOH BOON HWA
NRIC/Passport Number S7722184J
Contact Number 85224141
Address BLK 3 LORONG 7 TOA PAYOH
#11-79
Postcode 310003
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: PC902111

Report Date & Start Time: 29/11/17 / 17:06

Report No: MT/

D.O.A: 29/11/2017
Time: 1525 hrs
hrs

Make / Model: TOYOTA HIACE COB 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.



29/11/17 / 17:06

Policyholder's Signature / Date & Time

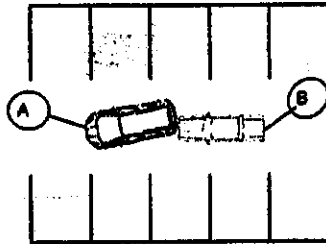
29/11/17 / 17:06

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 Pg. 2

SKETCH PLAN



137 TO 139 TAMPINES STREET 11 OPEN
CARPARK

Vehicle A: PC6921U

Vehicle B: SHA3903A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Declaration

We declare the foregoing particulars are true in every respect.



11/29/2017 17:06

Policyholder's Signature / Date & Time

[Signature]

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

11/29/2017 17:06

Aaron Chuah (S991802)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

Accident Photo

