

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 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	26/03/2018 09:59
Date Of Accident	03/02/2018 17:30
Exact Location Of Accident	FULLERTON RD IN FRONT OF VICTORIA CONCERT HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD1931T
Insured/Policyholder	
Name Of Registered Owner	MY LIMOUSINE SERVICES
Co Reg No	53126991D
Email Address	DERRICKCHIANG1@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97891001
Alternative Phone No	OFFICE-97891001

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALPHARD
Exact Purpose for which vehicle was being used at time of accident	PROCEEDING TO PICK UP
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5091706914
Cover Note Number	

Driver

Name of Driver	DERRICK CHIANG KOK CHOON
NRIC No	S2003773C
Date Of Birth	09/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/02/1977
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97891001
Fax Number	
Contact Number	OFFICE-97891001
EEmail Address	DERRICKCHIANG1@GMAIL.COM

Address	27 DOVER CRESCENT #10-25
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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

PLEASE REFER TO SKETCH PLAN AND ATTACHMENT (ACCIDENT ONLY ON 03.02.2018 AND NOT ON 02.03.2018)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJY3608C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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.



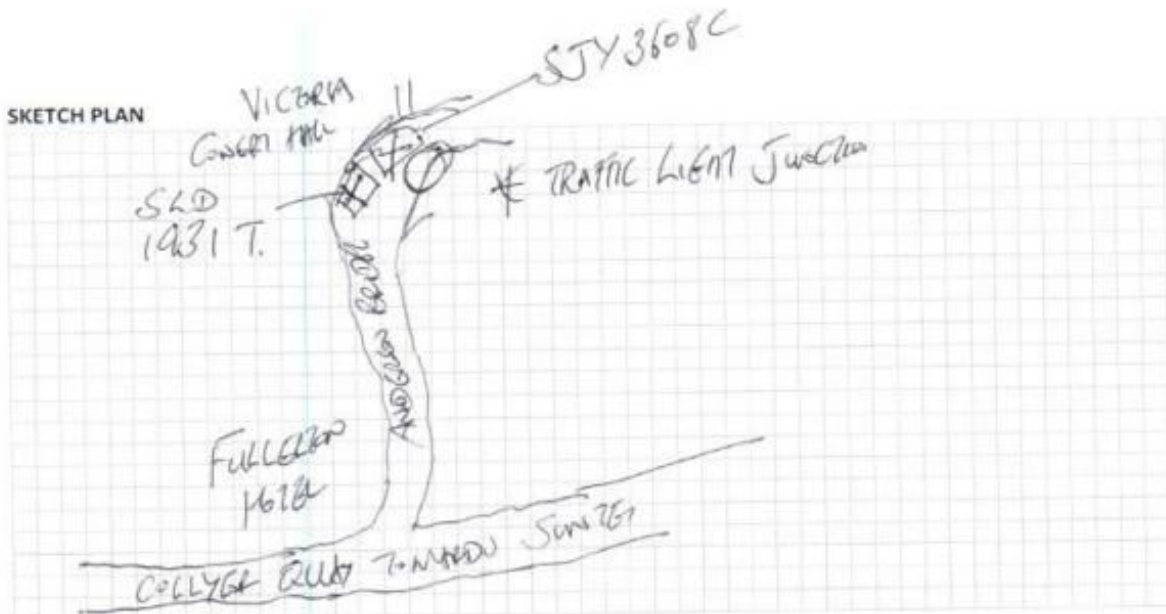
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26/03/2018

26/03/2018
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 3 FEB 2018 @ abt 5:30 pm, I was driving SKD 1931 T along Fullerston Rd, in front of Victoria Concert Hall. I had stopped my car just behind a silver metallic car, STY 3608 C, driven by a caucasian gentleman which had stopped at the traffic light.

When the light changed from Red to Green the car in front of me didn't move. I nudged the car in front, just a slight nudge. Both of us came down to inspect our respective vehicles & found no scratch, dent or damage to our respective vehicles. We exchanged particulars & the gentleman informed me that his car is a Rented car & he will have to report the accident to the Rental-car company. As no damages to his car was observed, he reckoned it will be resolved amicably. He assured me if there is any claim, he himself or the company's representative will contact me directly on Monday 5th March 2018.

I didn't hear from him or anyone else till 16 MARCH 2018 when I received a phone call to tell me that I have to pay \$524.30 for damages & loss of use. If I don't settle by 4:00 pm the same day, they will proceed with insurance claim.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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



Our Ref: MT/CA/TP/001/0986757-001/JLY/VU

20 Mar 2018

MY LIMOUSINE SERVICES
BLK 61 #07-109
TELOK BLANGAH HEIGHTS
SINGAPORE 100061

Dear Policyholder

CLAIM NUMBER: MT/0986757-001
ACCIDENT INVOLVING SLD1931T / SJY3608C on 3 Feb 2018

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.

Yours sincerely

Goh Peng Hong
Manager
Motor Insurance

StarHub 4G

5:57 PM

74%



+65 9825 8338

Text Message
Fri, 16 Mar, 9:16 AM

Good morning Mr
Derrick. We are from
comfort delgro rent a
car. With regards to the
phone call just now. The
accident happened on
SJY3608C and your
vehicle,SLD1931T on
03/02 along Fullerton
road.

Repair cost is 267.50
Lost of 2 day rental is
256.80



Text Message



an 26/03/2018

StarHub 6:13 AM 100%



SMS Received From Supposedly Rental Co...

Repair cost is 267.50

Lost of 2 day rental is
256.80

Total amount payable is
524.30

Please kindly revert by
4pm by 16/03 today
before we proceed with
insurance claim.

Thank you.

Regards

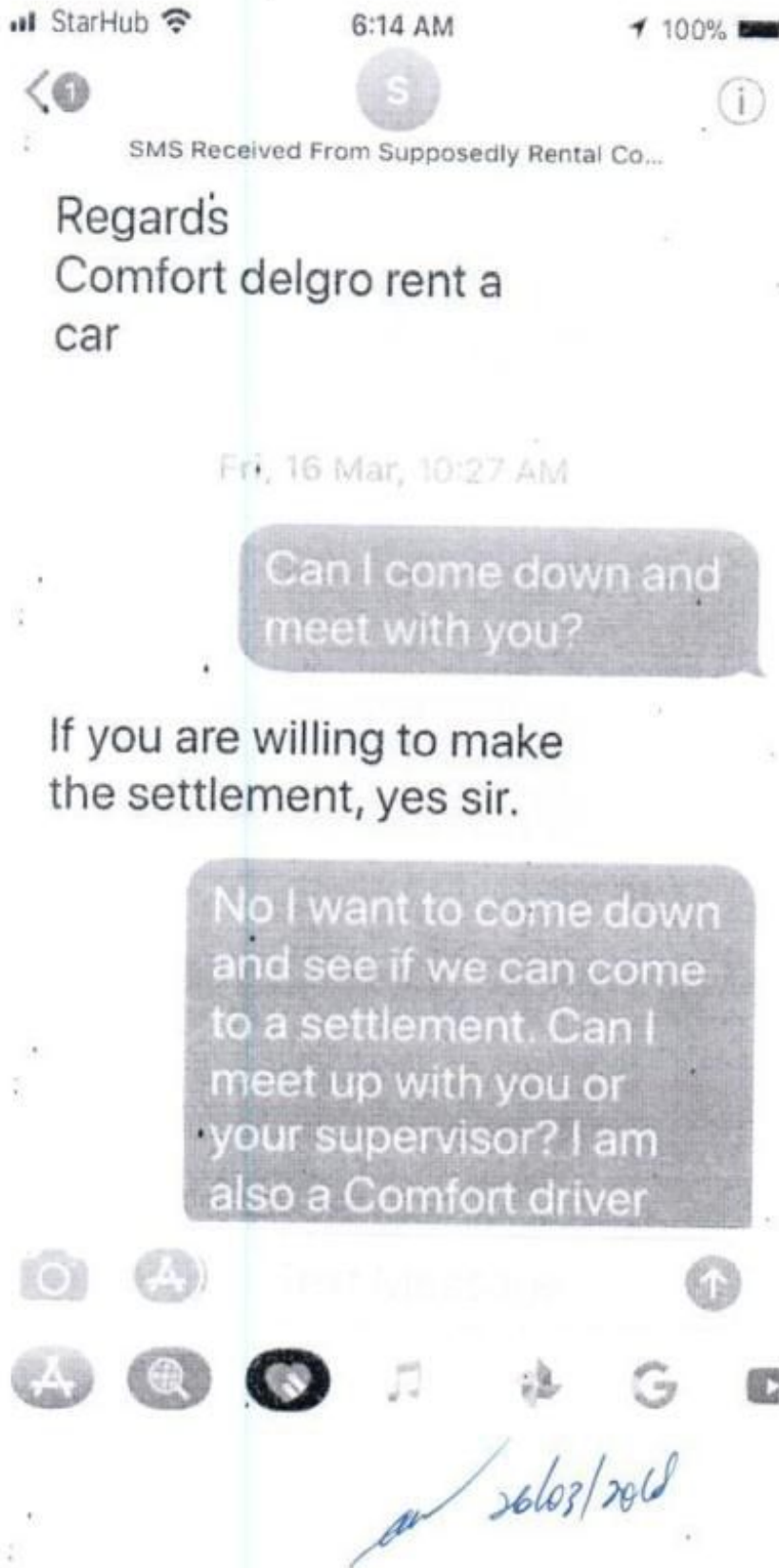
Comfort delgro rent a
car



Text Message



an 26/03/2018



SKETCH AND STATEMENT

StarHub 6:15 AM 100%



SMS Received From Supposedly Rental Co...

You can check with
Comfort Delgro Office.
My NRIC no. 
S2003773C

Fri, 16 Mar, 11:59 AM

Sorry sir. Is either you
agreed to pay for it or
we proceed with
insurance

Fri, 16 Mar, 4:02 PM

I will appreciate if you
could kindly forward me
your claim for the repair
cost of \$267.50 as well



Text Message



aw 26/03/2018

SKETCH AND STATEMENT



SKETCH AND STATEMENT



Understood. As of
stated on the sms, we
have mentioned the
repair amount sir.
Please consider about
the amount. We will
send the car for our
insurer for claim at 5pm.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



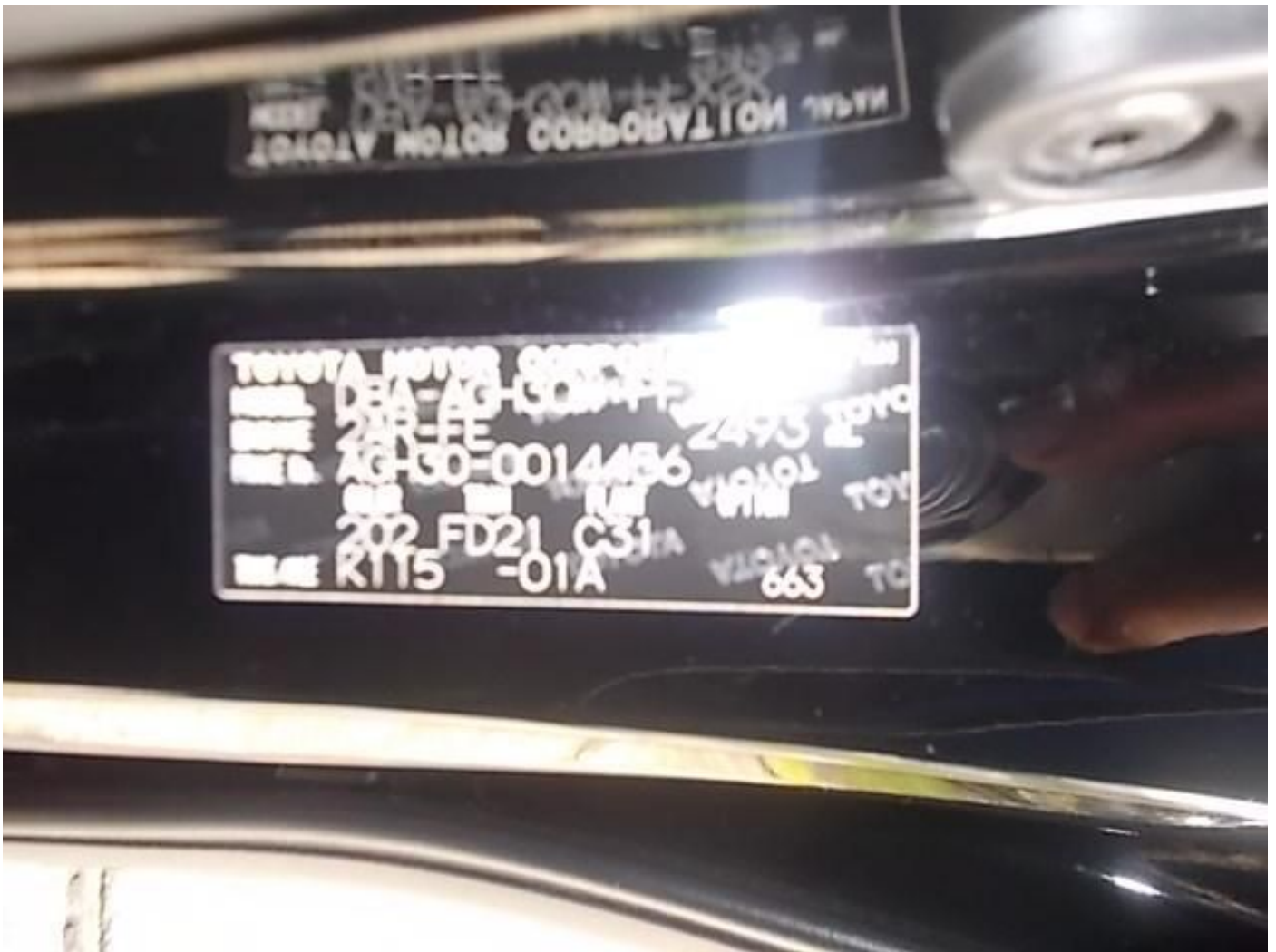
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