

## 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	16/05/2018 14:10
Date Of Accident	20/04/2018 17:55
Exact Location Of Accident	ALONG MINTO ROAD OPEN SPACE CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCM3868P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GENG SHUZHEN
NRIC No	S6965231Z
Email Address	JESSIEGENG3@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85694856
Alternative Phone No	OTHERS-85694856

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200K
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5095061194
Cover Note Number	

### Driver

Name of Driver	GENG SHUZHEN
NRIC No	S6965231Z
Date Of Birth	15/04/1969
Occupation	INDOOR
Date Of Driving Pass	30/05/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-85694856
Fax Number	
Contact Number	OTHERS-85694856
Email Address	JESSIEGENG3@GMAIL.COM

Address	3 JOO CHIAT LANE #04-03
Postcode	428129
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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

#### 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	SLP2084T
Vehicle Make/Model/Colour	MITSUBISHI
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	GUI BOON KIAT
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident 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.

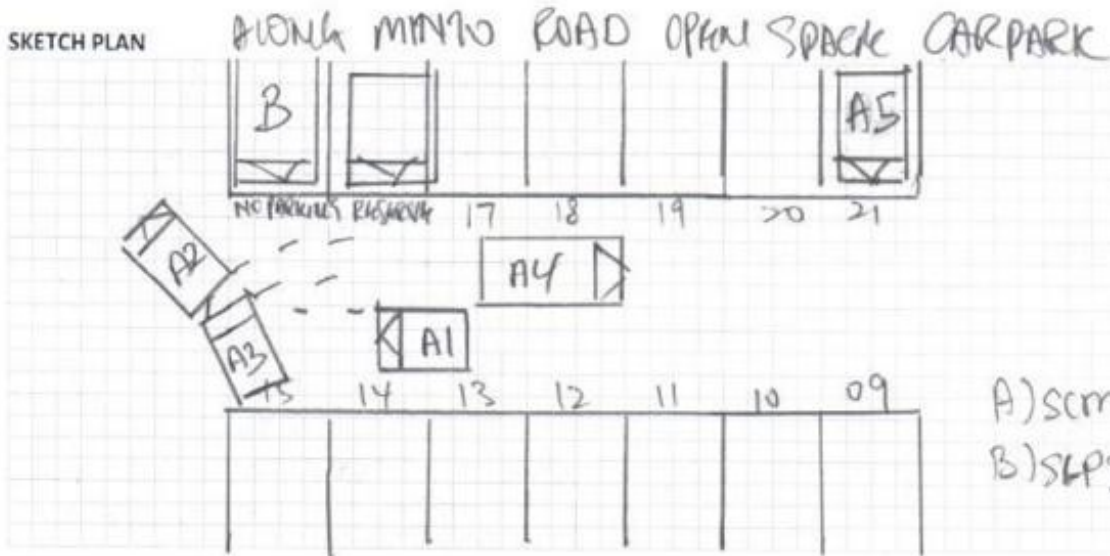
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/04/2018 AT ABOUT 17:55 HRS I WAS AT MIN70 ROAD & WAS LOOKING FOR PARKING LOT, CAR PARK WAS FULL & I HAD TO MAKE A 3 POINT TURN SHOW DIAGRAM & MY CAR HAD A SLIGHT BUMP ON THE FRONT SIDE OF CAR (B) SKP2084T & NO DAMAGE. AFTER I HAD PARK MY VEHICLE CAME A MAN SAY THAT I DAMAGE HIS CAR WHEN I CAME OUT FROM MY CAR & GO TO HIS CAR, HE SHOW ME THAT THE FRONT LEFT DAMAGE WAS CAUSE BY ME, BY RIGHT I BUMP ONLY THE FRONT PORTION & WAS JUST A KISS.

## DECLARATION

I/We declare 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: Roshan  
NRIC/FIN No.:



LETTER

## ROY & PARTNERS

(Business Registration No. 53131170L)

Advocates & Solicitors

Commissioner For Oaths

Notary Public

MONOJ KUMAR ROY LLB (Hons.) S'pore

KERUSHNAN S/O SIVALINGKAM (Hons.) London

101 Cecil Street #11-09 Tong Eng Building, Singapore 069533

Tel : 6536 8466

Fax : 6536 1963 (Not For Service Of Documents)

Enquiries: [rovnpartners@rovnpartners.com.sg](mailto:rovnpartners@rovnpartners.com.sg)

Our Ref: MKR/307/7884/2018/as/wl

Your Ref: Please be advised (Your insured vehicle: SCM 3868P)

4<sup>th</sup> May 2018

**M/S NTUC INCOME INSURANCE CO-OP LTD**

75 Bras Basah Road

Singapore 189557

(Attn: Motor Claims Department)

**BY HAND**

**GENG SHUZHEN**

Blk 3 Joo Chiat Lane

#04-03

Singapore 428129

(Driver of motor car SCM 3868P)

**CERTIFICATE OF POSTING**

(For your information only)

Dear Sirs,

**CLAIMANT : GUI BOON KIAT (DRIVER OF SLP 2084T)**

**ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SLP 2084T AND SCM 3868P  
ALONG MINTO ROAD OPEN SPACE CAR PARK ON 20.04.2018 AT ABOUT 1755 HOURS.**

We are instructed by the abovenamed to claim damages against you/your insured in connection with a road traffic accident along Minto Road Open Space Car Park on 20.04.2018 involving our client's motor car registration number **SLP 2084T** and motor car registration number **SCM 3868P** driven by your servant and/or agent and/or hirer/your insured at the material time.

We are instructed that the accident was caused by your servant and/or agent and/or hirer/your insured's negligent driving and/or management of your/your insured motor car. As a result of the accident, our client's motorcycle was damaged and our client has been put to loss and expense, particulars of which are as follows: -

1. Costs of repairs	S\$ 4,000.00
2. Loss of use (S\$150 x 2 days - Pre repair notice)	S\$ 300.00
3. Loss of use (S\$150 x 3 days)	S\$ 450.00
4. Rental of vehicle (S\$120 x 11 days)	S\$ 1,320.00
5. LTA search fee	S\$ 8.00
6. GIA search fee	S\$ 15.00
7. TP search fee	S\$ 14.00
8. Surveyor report fee	S\$ 574.00
9. Incidentals	S\$ 150.00
10. Costs Contribution	S\$ 800.00
Total:	<u>S\$ 7,631.00</u>

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





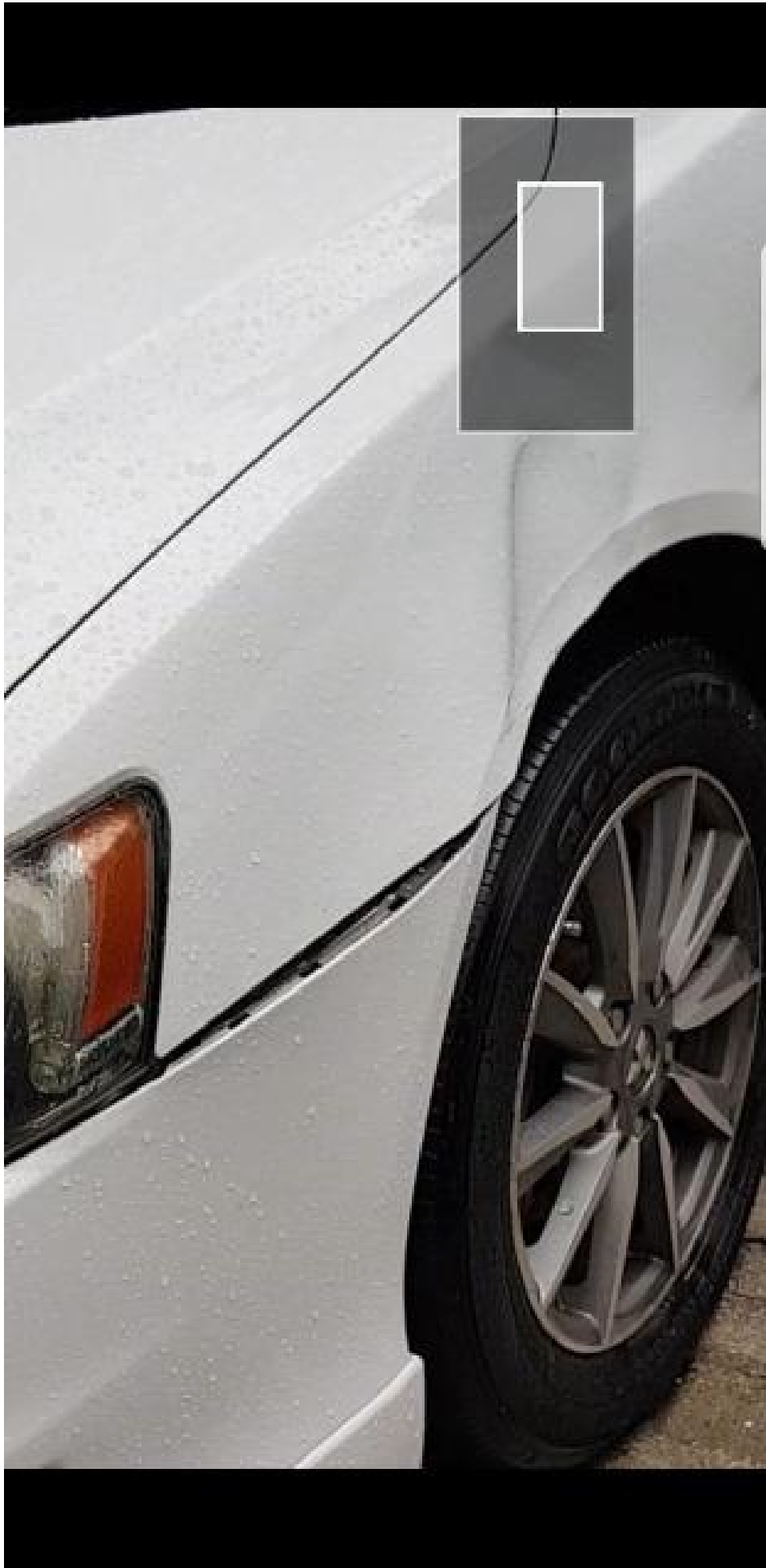
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Accident Photo





## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 – 17:00  
UEN: S6650020G / GST Reg. No.: M400017785

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNA418063797 Vehicle Registration No: SCM 3868P  
Name (as shown in NRIC): GRACE SHY ZHAN NRIC/FIN/Passport No: S69652312  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 85694856  
Email Address: \_\_\_\_\_  
Date of Accident: 20/04/2018 Time of Accident: 17:35  
Place of Accident: Alorch middle road open space carpark  
Insurance Company: NMC

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INQUIRY VEHICLE NUMBER IN SKETCH PLAN (SCM 3868P)  
SEP 2014

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Koh, Wai Hui  
NRIC/FIN No.: 24/05/2018  
Date: