

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	18/05/2018 14:37
Date Of Accident	18/05/2018 12:30
Exact Location Of Accident	PATERSON RD TWDS IRWELL BANK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLW7343B
Insured/Policyholder	
Name Of Registered Owner	LIM WEI JIAN, BLIONDI
NRIC No	S9028963B
Email Address	BLIONDI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91765911
Alternative Phone No	OTHERS-91765911

Vehicle Particulars

Manufacturer	BMW
Model	328i
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	THIRD PARTY
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	5098923404
Cover Note Number	

Driver

Name of Driver	LIM WEI JIAN, BLIONDI
NRIC No	S9028963B
Date Of Birth	13/08/1990
Occupation	INDOOR
Date Of Driving Pass	18/05/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91765911
Fax Number	
Contact Number	OTHERS-91765911
Email Address	BLIONDI@HOTMAIL.COM

Address	BLK 116 PENDING ROAD #12-192
Postcode	670116
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 - 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	
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

PLS REFER TO THE ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJR2878H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHANG JAK TIING
NRIC/Passport Number	S7284478E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

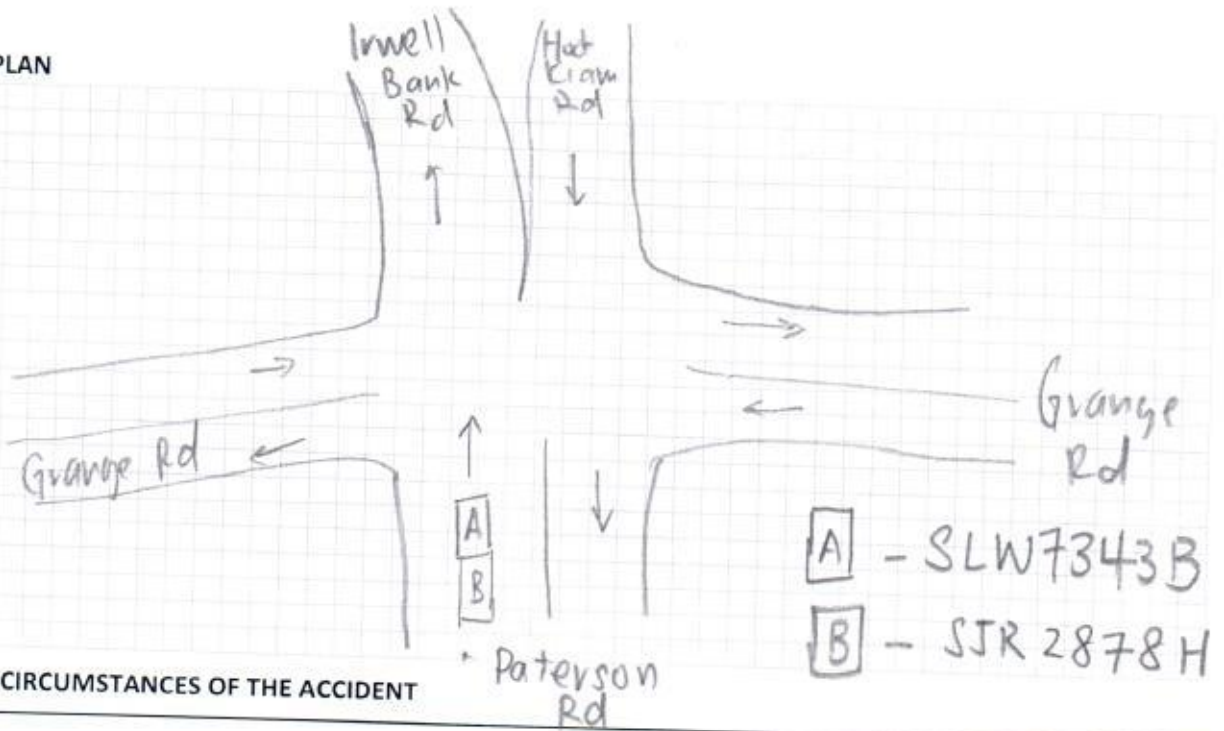
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My Vehicle SLW7343B (BMW 328i), ~~of owner~~ vehicle A was driving along Paterson Rd towards Irwell Bank Rd. The vehicle in front of me came to a stop, ~~which~~ and I stopped ^{in time} as well. When I was ~~at~~ at a complete stop, Vehicle B, SJR 2878H hit the back of my vehicle from behind.

As a result, my bumper has been damaged and ~~the~~ boot lid has been dented.

No injury has been reported.

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

[Signature] 18/5/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9028963B



Name

LIM WEI JIAN, BLIONDI
(LIN WEIJIAN)

林伟健

Race

CHINESE

Date of birth
13-08-1990

Sex

M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9028963B

Name

LIM WEI JIAN, BLIONDI
(LIN WEIJIAN)

Birth Date: 13 Aug 1990

Issue Date: 18 May 2012



3977801

NRIC No. S9028963B



Date of issue

02-12-2006

APT BLK 116 PENDING ROAD #12-192
SINGAPORE 670116

NRIC No. S9028963B

Date: 16/11/2009

No: 6369137

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg 18 May 2012



NP 428A

eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No. Date of Accident

Vehicle No. (For Motor)

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5098923404	LIM WEI JIAN, BLIONDI	S9028963B	GPC	drive CLASSIC	SLW7343B	SLW7343B	14/03/2018	13/03/2019

Policy Information

Policy No.	5098923404	Policyholder Name	LIM WEI JIAN, BLONDI	Policyholder NRIC	S9028963B
Address	BLK 116 #12-192 PENDING ROAD SINGAPORE 670116				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	14/03/2018	Effective Date	14/03/2018 00:00	Expiry Date	13/03/2019 23:59
Excess Type		All Claim Excess			
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	GRANDE INSURANCE AGENCY	Agent Tel.	63650065	GST Flag	Y
Co-Insurance Flag	No				
Open Policy Info					
Certificate Info					

Young/Inexperience Driver Excess

Policyholder Mailing Address

Address 1	BLK 116 #12-192	Address 2	PENDING ROAD	Address 3	SINGAPORE 670116
Address 4		Address Type	Singapore address	Post Code	670116
Unit No.		Related Policy Number	5098923404		

Insured Object: SLW7343B

Endorsements

Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content
<div style="text-align: right;"> <input type="button" value="Continue"/> <input type="button" value="Cancel"/> </div>				

Bukit Merah

Claim Handling

Accident MT/0994977

Policy No.	5098923404	Vehicle No.	SLW7343B	GST Registration No.	
Policyholder Name	LIM WEI JIAN, BLIONDI			Policyholder NRIC	S90
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	91765911	Contact No.(Office)	0	Contact No.(Home)	0
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

▼ Accident Details

Report Date	19/05/2018 09:15	Accident Report Within 24 hrs	Yes	Accident Type	Colli
Date of Accident	18/05/2018	Time of Accident hh:mm	12:30	Country of Accident	Sing
Reporting Centre		Orange Force		ICM No.	
Accident Location	PATERSON RD TWDS IRWELL BANK RD				

▼ Benefits

▼ Excess

Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	100.
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

▼ GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

▼ Policyholder Mailing Address

Address 1	BLK 116 #12-192	Address 2	PENDING ROAD	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	670
Unit No.		Related Policy Number	5098923404		

▼ OI Driver Info

Driver Name	LIM WEI JIAN, BLIONDI	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S9028963B	Driver DOB	13/0
Register Date of Driver License	18/05/2012	Driver Age	27	Driving Experience	6
Contact No.(Mobile)	91765911	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 116	Address 2	PENDING ROAD	Address 3	
Address 4		Address Type	Singapore address	Post Code	670
Unit No.	#12-192				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	

Declaration

Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No
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Modification History

Claim 001 OD-MX New

Claim Type *	OD-MX	Insured Name	LIM WEI JIAN, BLIONDI	Insured NRIC	S90
Contact No.(Mobile)		Contact No.(Home)		Contact No.(Office)	
Email Address		OI Vehicle Number	SLW7343B	TP Vehicle Number	SJR
Claim Description	SLW7343B / SJR2878H ON 18 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Rec
Date Registered	19/05/2018 09:25	Claim Close Date		Date Received	19/0
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	

✓ Print AK letter

Save Submit

Attachment

5/19/2018

Claim Handling(accident reporting Claim Task 001 OD-MX)

Accident No.

MT/0994977

Claim No.

001

Last Doc. Received

☒ Yes
 ☐ No

Upload Date

19/05/2018 09:20

Path *

Choose File No file chosen

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Choose File No file chosen

Message Read

Category *

Confidential

Urgency *

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Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Describe
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:25	NRIC/ Driving License	Normal	NRIC/ Driving Lice
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:23	SAS	Normal	SAS 2018
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 19 May 2018 09:22	Photos	Normal	Photos 20:
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B
UKIT MERAH)) on 19 May 2018 09:21

Photos

Normal

Photos 20:

Video List

Uploaded By/Date	Folder Date	File Name	Source
		<div>Display in New Window</div>	<div>Scan and uploading</div>