

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	09/06/2018 11:54
Date Of Accident	08/06/2018 23:00
Exact Location Of Accident	MARINA BAY FINANCIAL CENTRE TOWER 3 BASEMENT 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM9801Y
Insured/Policyholder	
Name Of Registered Owner	HENG SEOW HOON
NRIC No	S1115571E
Email Address	LIM.ANGELA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97862654
Alternative Phone No	OTHERS-97862654

Vehicle Particulars

Manufacturer	AUDI
Model	A5
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	5082201040-01 (DRIVO CLASSIC)
Cover Note Number	

Driver

Name of Driver	LIM SUSHAN ANGELA
NRIC No	S8139980H
Date Of Birth	17/12/1981
Occupation	INDOOR
Date Of Driving Pass	29/05/2002
Driving Experience	16 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81280628
Fax Number	
Contact Number	OTHERS-81280628
Email Address	LIM.ANGELA@GMAIL.COM

Address	BLK 82 #14-142 STRATHMORE AVENUE
Postcode	141082
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

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

REFER TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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	SLN927K
Vehicle Make/Model/Colour	BMW 428I
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LENA KONG
NRIC/Passport Number	S7708253J
Contact Number	97222319
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN


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 liability.
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. The 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 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:

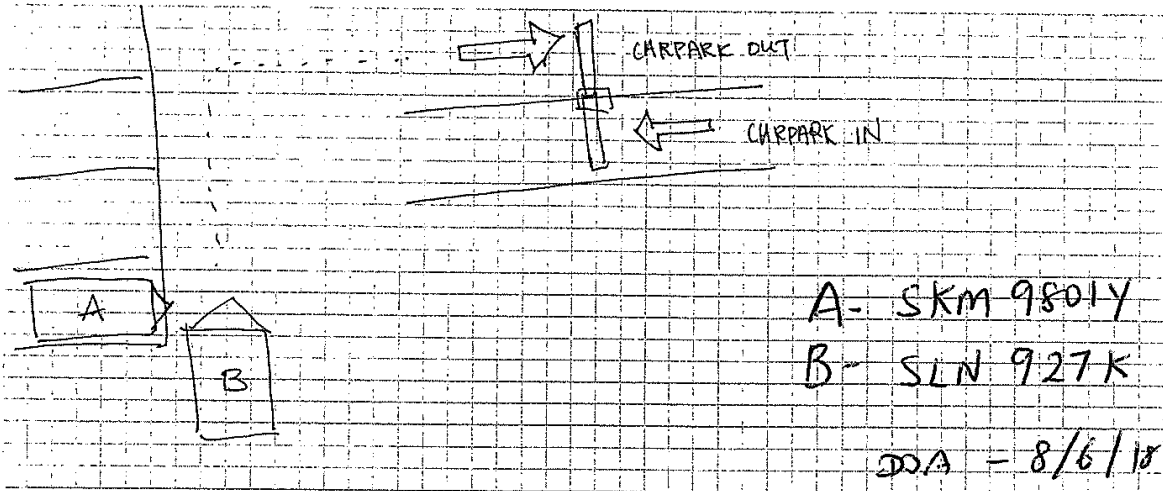

Driver's Signature
(If driver is not the policyholder)
Date & Time:

09 JUN 2018


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my car was parked at MBFC tower 3. Car B was exiting the carpark and misjudged the distance, resulting in her hitting my bumper. she left her contact with the security company and made contact the next day

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: 01/6/18
11:55pm

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



Sketch Plan #3 Pg. 1

Policy Information

Page 1 of 1

Policy Information					
Policy No.	5082201040-01		Policyholder Name	HENG SEOW HOON	
Address	BLK 82 #14-142 STRATHMORE AVENUE SINGAPORE 141082				
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy Issue Date	23/10/2017	Effective Date	18/11/2017 00:00	Expiry Date	17/11/2018 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		Young/Inexperience Driver Excess
Agent	LIAN KIM HEANG SERENA		Agent Tel.	96773848	GST Flag Y
Co-insurance Flag	No				
Open Policy Info Certificate					
Policyholder Mailing Address					
Address 1	BLK 82 #14-142	Address 2	STRATHMORE AVENUE	Address 3	SINGAPORE 141082
Address 4		Address Type	Singapore address	Post Code	141082
Unit No.		Related Policy Number	5082201040-01		
Insured Object: SKM9801Y					
Vehicle No.	SKM9801Y	Model	A5	Make	AUDI
Vehicle Type	396	Date of Registration	17/11/2008		
Classis No.	WAUZZZ8T19A019239	Engine No.	LTA1100947	Vehicle Capacity	
No. of Seats	4	Parallel Import	0	Imported/Reconditioned	0
Off peak car	0				
Coverage					
	Coverage	Coverage Category	Sum Insured	Excess Description	Remark
drivo CLASSIC	Own Damage or Loss		999,999,999.99		
drivo CLASSIC	TPI		999,999,999.99		
drivo CLASSIC	TPPD		5,000,000.00		
drivo CLASSIC	Own Damage or Loss in transit		999,999,999.99		
drivo CLASSIC	Windscreen Damage		999,999,999.99		
drivo CLASSIC	Personal Accident for PH		20,000.00		
drivo CLASSIC	Personal Accident for Driver Liability		10,000.00		
drivo CLASSIC	Personal Accident for Passenger		10,000.00		
drivo CLASSIC	Medical Expenses		300.00		
drivo CLASSIC	Towing Fee		200.00		
drivo CLASSIC		Own Damage Benefit	99,999,999.99		
Driver Name	ID No.	Date of Birth	Driving License Reg Date	Role	
HENG SEOW HOON	S1115571E	18/02/1955	07/07/1982	Main Driver	
LIM SUSHAN ANGELA	S8139980H	17/12/1981	29/05/2002	Named Driver	
LIM SU-YIN KAREN	S7718019B	29/06/1977	27/01/1999	Named Driver	
Endorsements					
Sequence	Date of Endorsement	Endorsement Type	Endorsement Status	Endorsement Content	
<div>Continue</div> <div>Cancel</div>					

<http://gicclaim.income.com.sg/gcs/icm/eclaim/registrationInit.do?policyNo=5082201040-...> 6/9/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

