

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	18/06/2018 12:41
Date Of Accident	18/05/2018 08:35
Exact Location Of Accident	110 BUKIT PURMEI ROAD BUKIT PURMEI VILLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCX5601X
Insured/Policyholder	
Name Of Registered Owner	LEE POH POH
NRIC No	S0243048G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90018878
Alternative Phone No	OTHERS-90018878

Vehicle Particulars

Manufacturer	TOYOTA
Model	ECHO H/B A
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	0082940214-14
Cover Note Number	

Driver

Name of Driver	LEE POH POH
NRIC No	S0243048G
Date Of Birth	24/02/1951
Occupation	INDOOR
Date Of Driving Pass	26/11/1973
Driving Experience	44 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90018878
Fax Number	
Contact Number	OTHERS-90018878
Email Address	NOEMAIL

Address	BLK 115 BUKIT PURMEI ROAD #12-260
Postcode	090115
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 PROPERTY
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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(This is a follow up email on the claim against this vehicle SCX5601X over an "accident" reported against the motor policy. Please find attached the letter which states that the vehicle has been handled over to Borneo Motors on the 13th June. In addition, I am attaching photos of scenes of traffic jam due to the faulty gantry problem which is a "known" common problem for over 2 years in the estate.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	
Vehicle Make/Model/Colour	
Details Of Properties	BARRIER
Vehicle Category	NA/UNKNOWN
Name of Driver	
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 18/06/2018 I RECEIVED A LETTER FROM NINE SAYING THAT I WAS INVOLVED IN ACCIDENT WITH A BARRIER ON 18 MAY 2018 AT BLK 110 PARK PURANI WHICH I CAN'T RECALL OF THE INCIDENT. BUT THAT CARPARK BARRIER WAS ALWAYS FAULTY I WAS INFORM TO THE MANAGEMENT ABOUT IT.

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:


18/06/2018
Reporting Centre Personnel's Signature
Name: Rishi Wadhwa
NRIC/FIN No.:

LETTER



Our Ref: MT/CA/TP/001/0997461-001/FS/VU

06 Jun 2018

LEE POH POH
BLK 115 #12-260
BUKIT PURMEI ROAD
SINGAPORE 090115

Dear Policyholder

CLAIM NUMBER: MT/0997461-001
ACCIDENT INVOLVING SCX5601X / BARRIER on 18 May 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

LETTER

Name: _____



Borneo Motors

Borneo Motors (Singapore) Pte Ltd
33 Leng Kee Road
Singapore 159102
Tel : (65) 6631 1111
Fax : (65) 6479 2459
www.borneomotors.com.sg
Co Reg No: 196700086Z

H/T No. 117310

HANDLING & TAKING OVER OF VEHICLE

Vehicle Registration No: SCX 5601 X Retention No: _____

Make of Vehicle: Toyota Model: Echo

Accessories: ☒ No of Keys 2
☒ Owner's Manual
☒ CD Cartridge
☒ Spare Tyre
☒ Car Jack
☒ Tool Kit
☒ Radio / CD player
☒ Log Card
☒ ~~etc~~ etc Pin

Remarks: _____

Effective Date: 13/6/18 Time: 12.00 pm

Mileage: _____ km (kilometres)

The Buyer hereby acknowledge receipt of the above and agrees to be fully responsible for any fines, summons, fees or claims arising from the above mentioned vehicle effective from date and time stated above.

[Signature]

Buyer / Seller

Lee Poh Ah c/o

Buyer's / Seller's Name: Th Chai Kuan Sabrina

IC / Passport No: S 0243048 G

Address: Blk 115 Bukit Purnama Road

12-260 2/090115

Tel No (Office): _____

Tel No (Residence): 9001 8878

HP

[Signature]

claire

for Borneo Motors (Singapore) Pte Ltd

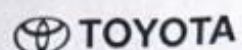
Name: Karen Toh

Designation: P-C

White - Customer Copy

Yellow - Accounts Copy

Green - File Copy



Accident Photo



Accident Photo

