

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	26/07/2018 13:09
Date Of Accident	26/07/2018 08:50
Exact Location Of Accident	177 TOA PAYOH CENTRAL OPEN CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKP7882K
Insured/Policyholder	
Name Of Registered Owner	STUDENT EDUCATION SERVICES OF SINGAPORE LLP
Co Reg No	T13LL0200G
Email Address	ELIJAHLKH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93830411
Alternative Phone No	OFFICE-93830411
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA
Exact Purpose for which vehicle was being used at time of accident	COMPANY 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	5087611662-01
Cover Note Number	DRIVO CLASSIC (E.W)
Driver	
Name of Driver	LEE KHEN HOWE (LI QINGHAO)
NRIC No	S7637961J
Date Of Birth	02/12/1976
Occupation	INDOOR
Date Of Driving Pass	05/08/1999
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93830411
Fax Number	
Contact Number	
EEmail Address	ELIJAHLKH@GMAIL.COM

Address	BLK 144 LORONG 2 TOA PAYOH #07-204
Postcode	310144
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COMPANY DIRECTOR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : DAWN GENDER: : FEMALE
Passenger 2	NAME: : JETHRO GENDER: : MALE

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

I just entered into the carpark of Blk 177 Toa Payoh Central. I saw Vehicle B stationary parked by the side of the carpark. As I was about to drive past Vehicle B, Vehicle B suddenly moved slightly forward, and suddenly steered towards my car and collided onto the rear right side of my car. The entire incident was captured by my in-car camera.

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	SFA3311G
Vehicle Make/Model/Colour	MITSUBISHI RED
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEW LEA TIANG ANNIE
NRIC/Passport Number	S1817142B
Contact Number	96663991
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLANIMPORTANT NOTICE

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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.



26/07/18 / 13:57

Policyholder's Signature / Date & Time

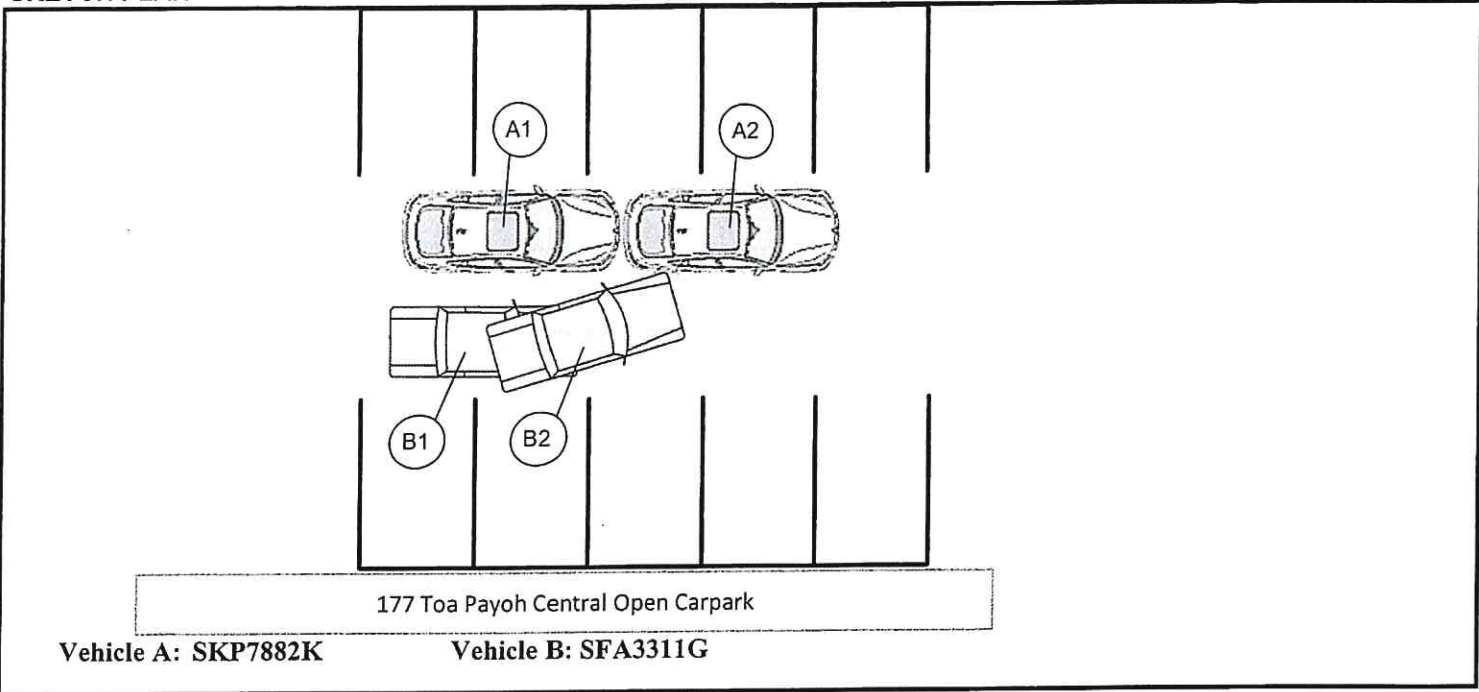
26/07/18 / 13:57

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

Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre

Witnessed by Reporting Centre Personnel

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I just entered into the carpark of Blk 177 Toa Payoh Central. I saw Vehicle B stationary parked by the side of the carpark. As I was about to drive past Vehicle B, Vehicle B suddenly moved slightly forward, and suddenly steered towards my car and collided onto the rear right side of my car. The entire incident was captured by my in-car camera.

Declaration

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


7/26/2018 13:57
Policyholder's Signature / Date & Time


7/26/2018 13:57
Driver's Signature (If driver is not the policyholder) / Date & Time


Thomas Chen (S098890)
Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel