

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	07/09/2018 15:07
Date Of Accident	07/09/2018 09:10
Exact Location Of Accident	CAPITOL PIAZZA CAR PARK GANTRY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR8114R
Insured/Policyholder	
Name Of Registered Owner	LIM DAW WOEI DAVID
NRIC No	S7627822I
Email Address	DDWLIM@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91288123
Alternative Phone No	OTHERS-91288123

Vehicle Particulars

Manufacturer	BMW
Model	X1
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5094461869
Cover Note Number	

Driver

Name of Driver	LIM DAW WOEI DAVID
NRIC No	S7627822I
Date Of Birth	24/08/1976
Occupation	INDOOR
Date Of Driving Pass	14/03/2002
Driving Experience	16 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91288123
Fax Number	
Contact Number	OTHERS-91288123
Email Address	DDWLIM@YAHOO.COM.SG

Address	BLK 302A PUNGGOL PLACE #05-247
Postcode	821302
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	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?	NO
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 (SELF SKIDDED AND TRAFFIC POLICE CAME (A/20180907/0075)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

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: 07/09/18.

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

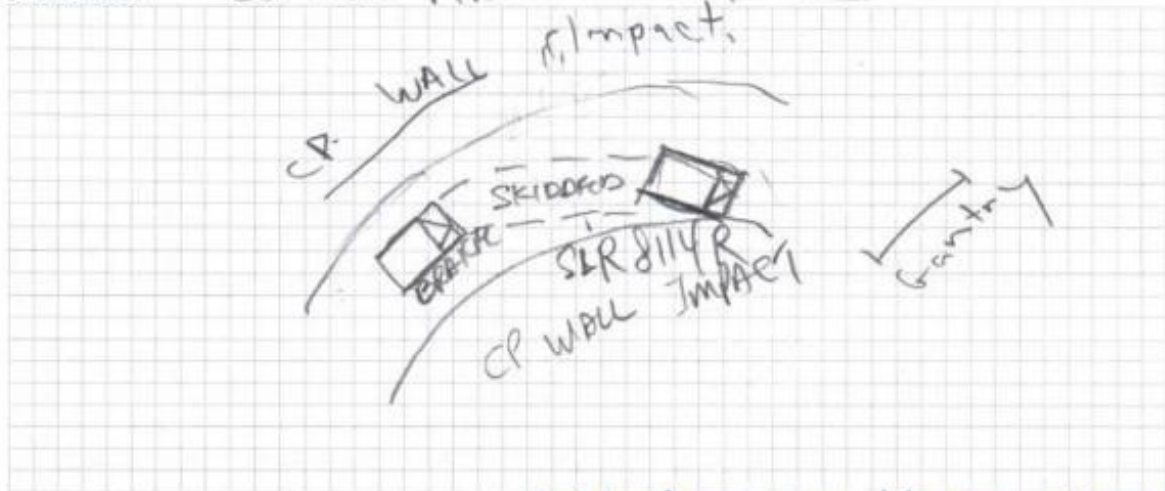
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

CAPITOL PIAZZA CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TOTAL ten cars I know affected
Contact available. Please call if needed

I was entering the carpark of Capitol Piazza on 07th Sep 2018. Upon clearing the gentry I proceeded to drive down the ramp. Suddenly the car lose control and started to skid. I applied brakes but it did not brake and the car crash on the side right on the side walls. Upon slowly getting into the carpark after I regain control, I came down the car to check the damage. Minutes later, I noted 2 other car owners with their car damage after coming down. Total, 10 cars was damaged in the process of coming down the ramp. Some cars seems to have bang each other. My car just hit the side wall of the carpark. At We went to the management office of Capitol Piazza to speak to Head of Operations Christopher Ang, Head of Operations of Capitol Investment. My number is 6499 1075. Notice: 9455 9291

DECLARATION

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

Policyholder's Signature

Date & Time: 7/9/18.

1515.

GUARANTEE SketchPlan Form 01

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

07/09/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #15-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S66550020G / GST Reg. No.: M420017335

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: MUA418116088 Vehicle Registration No: SR 8114R
 Name (as shown in NRIC): Lim Daw Wei David NRIC/FIN/Passport No: S762782221
 (*Vehicle Driver / Vehicle Owner) () Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 91288123
 Email Address: _____
 Date of Accident: _____ Time of Accident: _____
 Place of Accident: CORPARK PLAZZA CAR PARK GARAGE
 Insurance Company: MTC

(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:

WHETHER CONVICTION SHOULD BE REMOVED & WHT

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Rafli 44403
 NRIC/FIN No: _____
 Date: 10/09/2018

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: S665306200 / GST Reg. No.: M400017735

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 : MMA418116088-01 Vehicle Registration No : SLR 8114R
Name (as shown in NRIC) : DAVID LIM DAW WOE NRIC/FIN/Passport No : S7627822J
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 302A PUNGGOL PLACE #05-247 Singapore (821302)
Contact (Tel) : - Mobile No. : 91288123
Email Address : ddwlim@yahoo.com.sg
Date of Accident : 7th Sep 2018 Time of Accident : about 0910
Place of Accident : Capitol Piazza Carpark Ramp down
Insurance Company : NTUC

(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:

From third party to own damage
claim. To make recovery from
third party.

Prefer Move Workshop to do repair
Spoken to NTUC Customer Service.

Thanks!

Policyholder / Driver's Signature
Date: 10/09/18

Reporting Centre Personnel's Signature
Name: Roshni Wadhwa
NRIC/FIN No.:
Date: 10/09/2018

Addendum Sheet



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6 Raffles Quay #18-00 Singapore 048580
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Thanks!

Policyholder / Driver's Signature
Date: 10/09/18

Reporting Centre Personnel's Signature
Name: Roshni Wadhwa
NRIC/FIN No.:
Date: 10/09/2018