Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 17/09/2018 15:09

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 witholding 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	17/09/2018 11:24
Date Of Accident	12/09/2018 14:00
Exact Location Of Accident	387 CHANGI RD PARKING LOT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SDA9989K
Insured/Policyholder	
Name Of Registered Owner	CHEONG BEE PTE LTD
Co Reg No	-
Email Address	CHEONGBE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96689743
Alternative Phone No	OFFICE-67421802
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	UNITED OVERSEAS INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DHOM110121881206
Cover Note Number	
Driver	
Name of Driver	KHOO TUAN KENG
NRIC No	S2562515C
Date Of Birth	06/07/1951
Occupation	INDOOR
Date Of Driving Pass	17/11/1969
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96689743
Fax Number	
Contact Number	
EMail Address	CHEONGBE@SINGNET.COM.SG

Address	3 SIGLAP ROAD #06-17
Postcode	448907
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	SJS7400P - -
Insurance Company of Driver's Own Vehicle	NTUC INCOME INSURANCE CO-OPERATIVE LTD - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
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)	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

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:	NO VIDEO CAPTURED (ENGINE OFF)
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XE1298R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JIMBRAN BIN MAIJOL
NRIC/Passport Number	G7325646T
Contact Number	81062547
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**.
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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.

中美（私營）有限公司
CHEONG BEE PTE LTD
387 CHANGI RD SINGAPORE 419988
TEL: 6742 1802 FAX: 6744 3920
EMAIL: cheongbe@singnet.com.sg

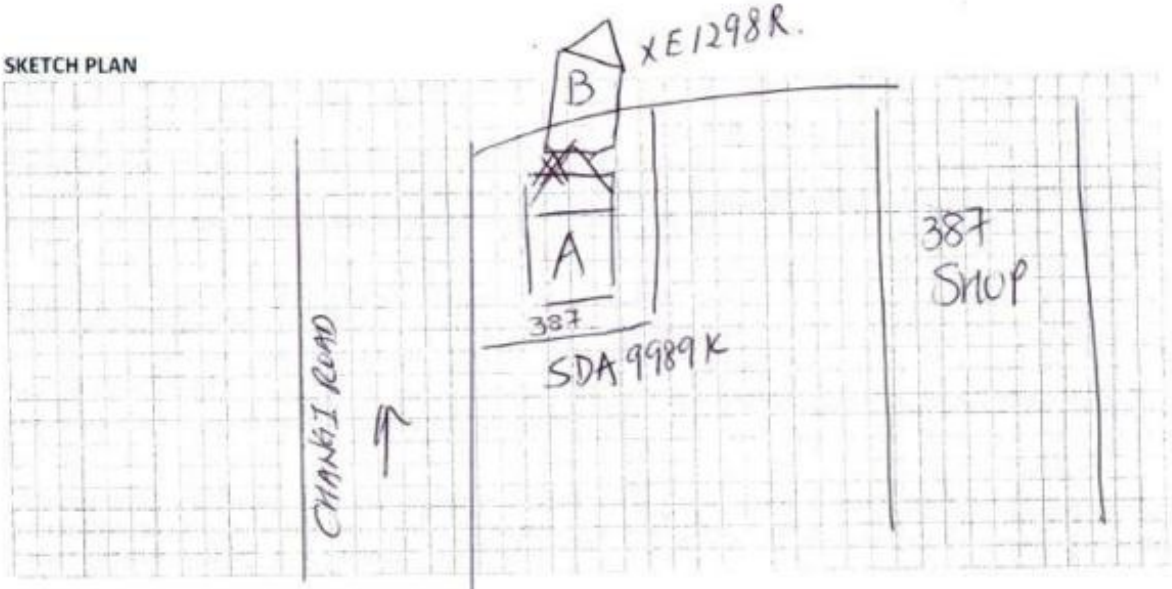
Policyholder's Signature:
Date & Time:

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

17/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MY CAR WAS PARKED AT MY OFFICE FRONT CARPARK. A LORRY XE 1298R driven by Jimbran Bin Maijol reversed at collided onto my car front portion. (Refer To Attached).

Involving Party driver's company:
m/s Building Resources Industries

DECLARATION

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

中美（私营）有限公司
CHEONG BEE PTE LTD
387 CHANGI RD SINGAPORE 419
TEL: 6742 1802 FAX: 6744 3
EMAIL: cheongbeesingapore@

Signature
Date & Time:

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

17/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

This is to Certify that Vehicle No : XE 1248R,
Driver Name : Jimbran Bin Majol holder of License
No : G7323646T, hit on vehicle No: SDA9989K
front head light & bonnet while reversing. The
vehicle SDA9989K is park at his own Parking lot when the incident
happen.
The incident happen on 12/9/18 at 2pm.

Driver : Jimbran Bin Majol
License No : G7323646T
Vehicle No : XE1248R.
HP : ~~8~~ 8106254I

Driver : Khoo Tuan Keng
Vehicle No : SDA9989K
Merc No : S0356515C
HP : 96897443

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: S66550020G / 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 : MNA1181201 83 Vehicle Registration No: SOA 99891K

Name(as shown in NRIC) : KHOO TUAN KENG NRIC/FIN/Passport No : S2562515C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 3 SIGLAP ROAD #06-17 Singapore(448907)

Contact (Tel) : Mobile No. : 96689743

Email Address :

Date of Accident : 13/09/18 Time of Accident : 14:00

Place of Accident : 387 CHANGI RD PARKING LOT

Insurance Company :

(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:

NO VIDEO CAPTURED BECAUSE ENGINE OFF

Policyholder / Driver's Signature
Date:

17/09/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: