

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 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. 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	13/10/2018 15:47
Date Of Accident	28/09/2018 14:30
Exact Location Of Accident	COMPASS ONE MALL BASEMENT 2 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMD5171G
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Insured/Policyholder

Name Of Registered Owner	BAK YUE SHEN MERVYN (MAI YOUQUAN, MERVYN)
NRIC No	S7824470D
Email Address	MERVYNBAK@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98005864
Alternative Phone No	OTHERS-98005864

Vehicle Particulars

Manufacturer	LEXUS
Model	RX350-3.5 (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
Fleet Policy	NO
Policy Number	5079835596-02
Cover Note Number	

Driver

Name of Driver	BAK YUE SHEN MERVYN (MAI YOUQUAN, MERVYN)
NRIC No	S7824470D
Date Of Birth	22/08/1978
Occupation	INDOOR
Date Of Driving Pass	03/09/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98005864
Fax Number	
Contact Number	OTHERS-98005864
Email Address	MERVYNBAK@YAHOO.COM.SG

Address	123 COMPASSVALE BOW #03-25
Postcode	544819
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?	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

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:

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

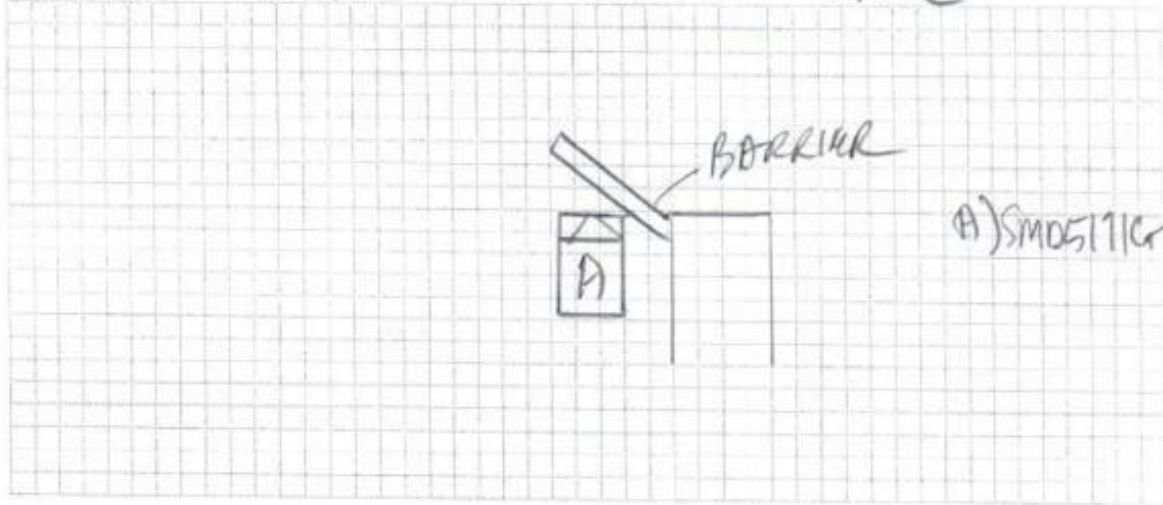


13/10/2018
Reporting Centre Personnel's Signature
Name: *Rose Khatun*
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

COMPASS ONE MALL B2 CARPARK



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DAY OF THE ACCIDENT 28/09/2018 WHEN MY VEHICLE WAS PREPARING TO EXIT THE CARPARK OF COMPASS ONE MALL AT APPROXIMATELY 14:30 HRS. I CAME TO A STOP BEFORE THE BARRIER TO ENSURE THAT MY CASH CARD PAYMENT WAS DEDUCTED FIRST AND LET THE BARRIER OPEN BEFORE I PROCEED.

ONCE THE BARRIER WAS RAISED I THEN PROCEEDED TO MOVE OFF BUT SUDDENLY THE BARRIER JAM HALFWAY AND MY VEHICLE HAD ALREADY GONE THROUGH THEREFORE CAUSING MY VEHICLE TO HIT THE BARRIER CAUSING THE BARRIER TO BEND AND ALSO SCRATCHING MY VEHICLE.

I SINCERELY ASK THE MANAGEMENT OF COMPASS ONE MALL TO LOOK INTO THIS MATTER SERIOUSLY AND VIEW CCTV FOOTAGES TO JUSTIFY MY POINT-


THANK YOU

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:


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

13/10/2018



Accident Photo



Accident Photo



Accident Photo



Accident Photo



TOYOTA MOTOR CORPORATION
JT-BK11A40240B213
2545 KG
21450 KG
21490 KG
378 7
MODEL DEL15R-AMT/GKN
S41M /LC00
ACTM
2014V1040F
PLANT012

CAUTION
ATTENTION
ACHTUNG 5

SRS SIDE AIRBAG



DO NOT LEAN AGAINST THE
SEAT TO AVOID POTENTIAL
DEATH OR SERIOUS INJURY
WHEN THE SIDE AIRBAG
DEPloys. SEE OWNER'S MANUAL
FOR DETAILS.

NE PAS S'APPUYER CONTRE
LE SIÈGE. S'APPUYER
POURRAIT CAUSER LA MORT
OU DES BLESSURES GRAVES
QUAND L'AIRBAG LATÉRAL
SE DÉPLOIE. VOIR LE MANUEL
DE L'USAGER POUR PLUS DE
DÉTAILS.

LEHNE NICHT AN DEN SITZ. VON
DIESEM VERBODEN KÖNNEN
TOD ODER SCHWERE VERLETZUNGEN
BEI DER AUSFAHRT DES SEITEN-
AIRBAGS ERGEBEN. FÜR WEITERE
DETAILS SIEHE DIE BENUTZER-
ANLEITUNG.

CAUTION
ANY RIGID
EMERGENCY BRACKET TOWING
MAY CAUSE DAMAGE TO THE VEHICLE. ALWAYS
TOW AT AN ANGLE OF 90 DEGREES OR LESS.
DO NOT EXCEED 5 MPH (8 KPH) OR 100 FEET (30 M).
REPLACING YOUR
TOWING EQUIPMENT
WITH EQUIPMENT THAT IS NOT
DESIGNED FOR THIS PURPOSE
MAY CAUSE DAMAGE TO THE VEHICLE.