

## 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	30/10/2018 10:34
Date Of Accident	19/10/2018 13:00
Exact Location Of Accident	TRAFFIC JUNCTION OF BT TIMAH TURN INTO ADAM ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SME3314U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	UNITED RECOVERY AGENCY PTE LTD
Co Reg No	201712500M
Email Address	SHAFIQRAVICHANDRAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90488211
Alternative Phone No	OFFICE-90488211

### Vehicle Particulars

Manufacturer	BMW
Model	X5
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104593610
Cover Note Number	

### Driver

Name of Driver	SHAFIQ S/O RAVICHANDRAN
NRIC No	S9404366B
Date Of Birth	25/01/1994
Occupation	OUTDOOR
Date Of Driving Pass	04/09/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90488211
Fax Number	
Contact Number	OTHERS-90488211
Email Address	SHAFIQRAVICHANDRAN@GMAIL.COM

Address	BLK 117 BUKIT MERAH VIEW #09-191
Postcode	151117
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	4
Passenger 1	NAME: : RAJ KUMAR GENDER: : FEMALE
Passenger 2	NAME: : HAMKA GENDER: : MALE
Passenger 3	NAME: : YUSOFF 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

PLEASE REFER TO SKETCH PLAN (CAR WAS SOLD ON 22102018 LETTER ATTACH)

#### 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	GBG204T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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.

UNITED RECOVERY AGENCY PTE LTD  
Reg No: 201712500M

Policyholder's Signature

Date & Time: Authorised Signature

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 27/10/18

Reporting Centre Personnel's Signature

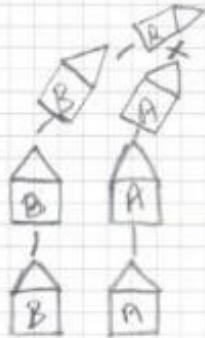
Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

BUKIT TIMAH ROAD TURN TO ADAM ROAD TRAFFIC JUNCTION



A) SME 3314U

B) GBB 204T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the extreme right lane and the Van B was on my left side. Both vehicle turning and B went into my lane and bang my vehicle. Driver side door of B hit my left side bumper.

## DECLARATION

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

UNITED RECOVERY AGENCY PTE LTD  
Reg No: 201712500M

Policyholder's Signature

Date & Time: *Authorised Signature*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GDARSAC Sketch Plan Form\_V0



# LETTER

# ST CARZ

Business Reg. No.: 201431685M  
GST No.: 201431685M

## PURCHASE AGREEMENT

Date: 22.10.18

Seller's Name: United Recovery Agency Pte Ltd	I.C/P/P No.: 201712500M
Address: 62 Alford Complex #1207	Tel:
(S) 189969	Mobile: 9050 54127

Make & Model: BMW X5 XE Registration No.: SMC 3314 U  
Original Reg. Date: 9 May 2009 No. of Transfers: 4 OMV: \$ 79,562 COE Expiry Date: \_\_\_\_\_  
Year of Manufacture: 2008 Mileage: \_\_\_\_\_ No. of Keys: \_\_\_\_\_  
☐ Accident-Free ☐ S/Rims ☐ Leather ☐ CD Player ☐ Good Condition

Price Agreed : \$ 47,000 Less Deposit Paid : \$ \_\_\_\_\_  
Outstanding Finance : \$ \_\_\_\_\_ Balance Payment : \$ 9,222 net 0.96553

Vehicle to be delivered on/before \_\_\_\_\_

## DELIVERY

The above vehicle was delivered to the buyer on 22.10.18 at 3.40 a.m / p.m

Unless expressly stated, the buyer reserves the right to void this agreement or revise the price accordingly should the vehicle is found not to be accident free.

Free from all encumbrances whatsoever. Should the seller fails to deliver the vehicle on/before date of delivery as stated above, the buyer reserves the right to reduce the purchase price or take legal action against the seller.

In case of breach of agreement by the seller, he/she must compensate the buyer for the loss incurred, or twice the amount of deposit paid excluding deposit amount.

The seller should ensure that the odometer reading of the vehicle is correct at date of delivery.

Remarks: \_\_\_\_\_

Buyer's Signature

Name: \_\_\_\_\_

UNITED RECOVERY AGENCY PTE LTD  
Reg No: 201712500M

Authorized Signature

ST CARZ PTE LTD

210 Turf Club Road, Lot B4B/B50, The Grandstand, Singapore 287995 Tel: (65) 6465 4747 Fax: (65) 6465 2128