

## 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	07/11/2018 14:29
Date Of Accident	05/11/2018 20:15
Exact Location Of Accident	BLK 18 HOLLAND DRIVE MULTI-STOREY CARPARK DECK 3A
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ8013P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KIM JI SHENG
NRIC No	S8340226A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93218218
Alternative Phone No	OTHERS-93218218

### Vehicle Particulars

Manufacturer	BMW
Model	316I 1.6 AT D/AB 4DR ABS HID
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	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	5104314502
Cover Note Number	

### Driver

Name of Driver	KIM JI SHENG
NRIC No	S8340226A
Date Of Birth	12/12/1983
Occupation	INDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93218218
Fax Number	
Contact Number	OTHERS-93218218
Email Address	NOEMAIL

Address	BLK 20 HOLLAND DRIVE #03-405
Postcode	271020
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 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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP1711Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	96985012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## 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.

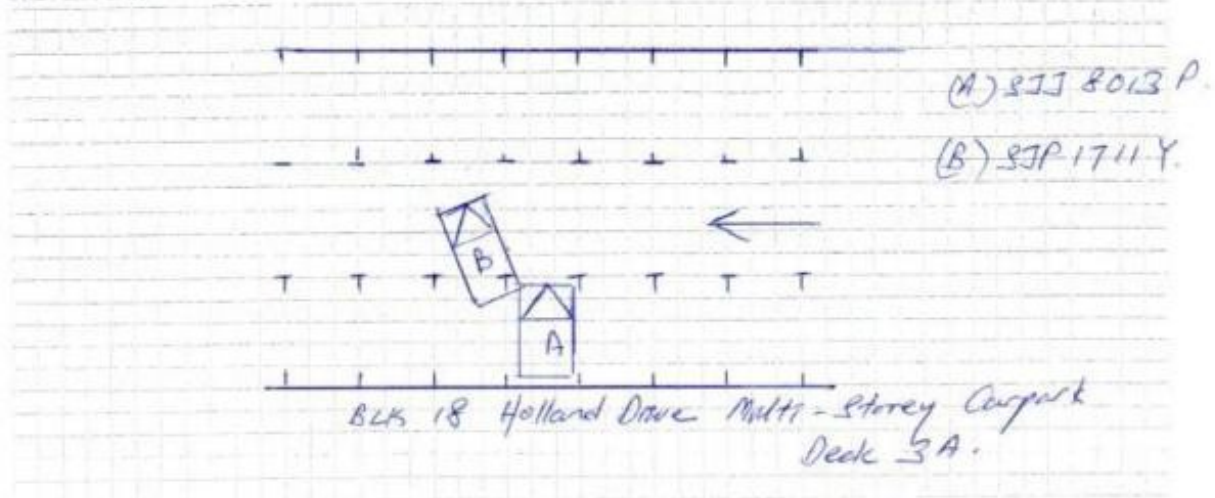
  
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 05/11/18 at @ 2045 hrs, I went to my car (SJJ 8013 P) which park at BLK 18, Holland Drive, Multi-Storey Carpark Deck 3A, to pick up some stuff. When I reached my car, I ~~st~~ saw a piece of paper on my windscreen, stating that he had accidentally hit onto the front bumper of my vehicle while reversing, with his contact number (H/P: 9698 5012). I then call the number and the driver came to the carpark and we exchange particular and agreed to go by insurance claims.

### DECLARATION

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

  
Police Officer's Signature  
Date & Time:

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

 7/11/2018  
Reporting Centre Personnel's Signature  
Name:  
Date & Time:



### Business Transaction Details

Transaction Ref. 20181005163745215534  
No.:

Transaction Date: 05 Oct 2018

Transaction Time: 16:37:45

### Replacement Details

Old Vehicle No.: SKM7349A

New Vehicle No.: SJJ8013P

### Message

Vehicle No. replaced successfully

The number plates on the existing vehicle must be changed by 08 Oct 2018 to display the newly assigned vehicle registration number. Failure to comply with this requirement is an offence under the Road Traffic Act.

OK

# Sketch Plan #4

## Transfer Of Ownership

Page 1 of 1

### Transfer Of Vehicle Ownership (Acknowledgement)

#### Vehicle Details

Vehicle No.	SKM73494	Vehicle Scheme	Normal
Vehicle Type	P10 - Passenger Motor Car	Vehicle Model	316i 2.8 AT D/AB 4DR ABS HBD
Vehicle Make	BMW	Engine No.	8YY2552N15B14A
Chassis No.	WBA1A16080NS36173	Trailer Chassis No.	
Motor No.		Passenger Capacity	4
Propellant	Petrol	Power Rating	
Engine Capacity	1598 cc	Maximum Laden Weight	1955 kg
Unladen Weight	1405 kg	Secondary Colour	
Primary Colour	Black	Maximum Power Output	100.0 kW (134 bhp)
EU Label No.	1125293059	Original Registration Date	31 Mar 2014
First Registration Date	31 Mar 2014	Open Market Value	\$36,219.00
Manufacturing Year	2013	Minimum PARF Benefit	\$16,353.00
PARF Eligibility	Yes	Actual ARF Paid	\$32,707.00
No. of Transfer	2		

#### Owner Particulars

Owner Name	KIM JI SHENG
Owner ID Type	Singapore NRIC
Owner ID	58340226A
Registered Address Type	HDB / HUCD
Registered Block/House No.	20
Registered Street Name	HOLLAND DRIVE
Registered Unit No.	# 03 - 405
Registered Building Name	
Registered Postal Code	271620
CDE No./Expiry Date	2014020102000541E / 30 Mar 2024
CDE Bld Category	A - Car (1600cc & below)
QP Paid	\$72,290.00

#### Transaction Details

Business Transaction Ref. No.	20181005162622424236
Business Transaction Date	05 Oct 2018
Business Transaction Time	16:26:22

#### Message

Vehicle has been successfully transferred to KIM JI SHENG (58340226A).  
Please note that \$25.00 will be deducted from your CERO account.

OK Save as PDF

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Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

