

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	06/12/2018 14:15
Date Of Accident	16/11/2018 17:20
Exact Location Of Accident	ONE KM MALL MULTI CARPARK EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6937M
Insured/Policyholder	
Name Of Registered Owner	THE NEW CHARIS MISSION
Co Reg No	T06SS0166B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64833707

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5089655411-01
Cover Note Number	-

Driver

Name of Driver	NG KENG LEONG
NRIC No	S1436975I
Date Of Birth	01/09/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92751681
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 12 EUNOS CRESCENT #13-2791
Postcode	400012
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	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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN 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 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	
Vehicle Make/Model/Colour	BARRIER

Details Of Properties

Vehicle Category	NA/UNKNOWN
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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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 of present and all future claims.

THE NEW CHARIS MISSION
Mailing Address
Thomson Road Post Office
P.O. Box 305, Singapore 016711
Location
11 Jalan Ubi, Block 1 #01-01
Kembangan-Chai Chee Community Hub
Singapore 409074
Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
Email: office@tncm.org.sg

Policyholder's Signature
Date & Time:

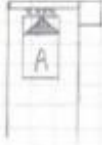
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A = PA 6937 M



One Km Mall Multi Carpark Exit

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

THE NEW CHARIS MISSION
Mailing Address
 Thomson Road Post Office
 P.O. Box 305, Singapore 915711
Location
 11 Jalan Ubi, Block 1 #01-01
 Kembangan-Chai Chee Community Hub

DECLARATION
 I/We declare the foregoing particulars are true in every respect.
 Tel: 6483 3707 Fax: 6483 3658 / 6742 2326
 Email: office@tncm.org.sg

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.:

CC-0002, Version 1.0, 1/1/2010

Accident Sketch Plan

WHILE EXITING FROM THE ONE KM MALL MULTI CARPARK, AFTER SCAN THE CARPARK BARRIER MACHINE, WHEN I MOVE FORWARD BUT I NEVER NOTICED THE BARRIER HAVENT OPEN, AS THE RESULT, MY VEH TOUCH ONTO THE BARRIER, THE BARRIER NEVER DROP, NO DAMAGE AND ALSO NO BENT, THEN I REVERSED BACK MY VEH, THE BARRIER OPEN AND I MOVING OFF. I NEVER INFORM TO THE CARPARK MANAGEMENT DUE TO NO DAMAGE TO THE BARRIER. ON 05/12/2018, MY COMPANY RECEIVED A LETTER FROM NTUC INSURANCE REGARDING THE INCIDENT WITH THE BARRIER.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SIS NO : JTFJT02P00-0001093
DEN WT : 1980 KG
ADEN WT : 2950 KG
NGER CAP : 1 DRIVER 11 OTHER
SIZE : (F) 195R15-8
(R) 195R15-8 (S)