MSME19014002 / SME Mator Phi Ltd - Kaki Bukit ENTRY DATE & TIME. 29/01/2019 17:49 SUBMITTED BY. Cflia Pei Ying

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	29/01/2019 17:49
Date Of Accident	29/01/2019 13:00
Exact Location Of Accident	MARINA BAY SAND TOWER 1 & 2
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM8898L
Insured/Policyholder	
Name Of Registered Owner	LEE BAN LI
NRIC No	S8104752I
Email Address	NOEMAIL

Mobile Phone No (LOCAL) +65-82019637

Alternative Phone No OFFICE-82019637

Vehicle Particulars

Manufacturer BMW Model 523I

Exact Purpose for which vehicle was being used at time of accident

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 5104929834

Cover Note Number

Driver

Name of Driver CHAN KIN HENG

 NRIC No
 \$7321120D

 Date Of Birth
 18/06/1973

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/09/2009

Driving Experience 9 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81322622

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 10 EUNOS CRESCENT #09-2713

Postcode

400010

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - OPENING DOOR OF VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

NO YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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Number of Passengers (Including Driver)

Details of Police Action

NO

Was the accident reported to the police? If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

I WAS DRIVING STRAIGHT ALONG MARINA BAY SAND TOWER 1 AND 2 AT LANE 4 OF 7 LANES. SUDDENLY, I FELT AN IMPACT. VEHICLE B PASSENGER OPEN THE REAR LH DOOR WITHOUT CHECKING ONCOMING VEHICLE AND COLLIDED ONTO RH PORTION OF MY VEHICLE AND CAUSED DAMAGES.

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

SHC8060M

Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- The 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 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/ere permitted to collect, use, clisciose 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 :
 - 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 dalms;
 - (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 insurer's 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:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, faw enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders

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Policyholder's Signature Date & Time Driver's Signature

(If driver is not the policyholder) Date & Hine:

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

GINDRY SECTION AND DEC. 22

HEW HOLD TROK

Sketch Plan #2 Pg. 1

SKETCH PLAN A STM889BL E. SHCROGOM Maina Bay Sand TOWN 1 42 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT I was driving straight along marina Bay sand Tower lazatlane 4 of Flanes. passenger open the rank LH door tell an impact. Wh collided onto RH portion of morning Whide and damage. and DECLARATION

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

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Policyholder's Signature Date & Time: Driver a Significante (if driver or not the policyholder) Date 8 Jame

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