

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	08/04/2019 11:11
Date Of Accident	03/04/2019 00:30
Exact Location Of Accident	BLK 118 POTONG PASIR CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5949P
Insured/Policyholder	
Name Of Registered Owner	LIM TEAN LYE TRADING
Co Reg No	33503800W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98457544

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102664296
Cover Note Number	-

Driver

Name of Driver	LIM KIAN KIM
NRIC No	S1126403D
Date Of Birth	11/12/1955
Occupation	INDOOR
Date Of Driving Pass	03/04/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98457544
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 120 POTONG PASIR AVE 1 #07-812
Postcode	350120
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 (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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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

WHILE MAKING A THREE POINT TURN INSIDE THE BLK 118 POTONG PASIR CARPARK, MY VEH ACCIDENTALLY ROLLED BACKWARD HIT ONTO A PARKED VEH B (BEARING NO SJH5B) FRONT PORTION.

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	SJH5B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)


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.

 林天來貿易
UM TEAN LYE TRADING
號東巴里一百二十號七樓(門牌八一二號)
Blok 120 Potong Pasir #07-012 (S) 509120
HP: 9845 7544 Tel: 9749 4822
Reg No. 93903600V

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.:

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S1126403D



Name
 LIM KIAN KIM

Race
 CHINESE

Date of Birth
 11-12-1955

Sex
 M

Country of Birth
 SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number
 S1126403D


Name
 LIM KIAN KIM

Birth Date
 11 Dec 1955

Issue Date
 26 Jan 2004

001096954H

1711538



NRIC No. S1126403D

Private Limited

ABWIN

Blood Group
 O+

Date of issue
 22-02-1994

APT BLK 120 POTONG PASIR AVENUE 1 #07-812
 SINGAPORE 350120

NRIC No: S1126403D Date: 10-07-2000 No: 3718532

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
 03 Apr 1979

Licence No: S1126403D

NP 428A

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="03/04/2019 11:02"/>
Vehicle No.(For Motor)	<input type="text" value="GBH5949P"/>	Certificate Number	<input type="text"/>
<input type="button" value="Search"/>			

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5102664296		LIM TEAN LYE TRADING	33503800W	GCV	Comprehensive	GBH5949P	GBH5949P	25/07/2018	24/07/2019

Claim Handling

Accident MT/1039178

Policy No.	5102664296	Vehicle No.	GBH5949P	GST Registration No.	
Certificate No.					
Policyholder Name	LIM TEAN LYE TRADING			Policyholder NRIC	335031
Product Code	COMMERCIAL VEHICLE INSURAN	Cover Type	Comprehensive	Loading	0
Contact No.(Mobile)	98457544	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No
Accident Details					
Report Date	08/04/2019 11:50	Accident Report Within 24 hrs	Yes	Accident Type	Collision
Date of Accident	03/04/2019	Time of Accident hh:mm	00:30	Country of Accident	Singap
Reporting Centre		Orange Force		ICM No.	
Accident Location	BLK 118 POTONG PASIR CARPARK				
Excess					
Own damage Excess	600.00	Additional Excess		Windscreen Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Information					
GST Registered	No	GST Registration Date			
GST Registration No.		GST Status Verified	Yes		
Modification History	08/04/2019 11:52:37 System changed GST Status Verified from No to Yes				
Policyholder Mailing Address					
Address 1	BLK 120 #01-812	Address 2	POTONG PASIR AVENUE 1	Address 3	SINGA
Address 4		Address Type	Singapore address	Post Code	350121
Unit No.	01-812	Related Policy Number	5102664296		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	Driver DOB	11/12/
Unnamed driver Name	LIM KIAN KIM	Driver NRIC	S1126403D	Driving Experience	40
Register Date of Driver License	03/04/1979	Driver Age	63	Contact No.(Home)	
Contact No.(Mobile)	98457544	Contact No.(Office)		Address 3	SINGA
Address 1	BLK 120 #07-812	Address 2	POTONG PASIR AVENUE 1	Post Code	350121
Address 4		Address Type	Singapore address		
Unit No.	07-812				
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		

Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	LIM TEAN LYE TRADING
Contact No.(Mobile)		Contact No. (Home)	
Email Address		OI Vehicle Number	GBH5949P
Claim Description	GBH5949P / SJH58 ON 3 Apr 2019		
Preferred Workshop	0	Insured Liability	Fully at Fault
Repair No. Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown
Date Registered		GIA report	Received
Report Taken By			08/04/2019 11:53
			LIEW SHAN HUI
<input checked="" type="checkbox"/> Print AK letter			

Save Submit

Attachment

Accident No.	MT/1039178	Claim No.	001
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Last Doc. Received

☒ Yes
 ☐ No

Upload Date

08/04/2019 11:54

Path *

Choose File No file chosen

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Message Read

Clear

Category *

Confidential

Urgency *

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NO

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NO

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Clear

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NO

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NO

Normal

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:54	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:54	SAS	Normal	SAS 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:54	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:54	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:53	Photos	Normal	Photos 2019-4-8
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	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:53	Photos	Normal	Photos 2019-4-8
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:53	Photos	Normal	Photos 2019-4-8

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading