SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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.
- 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

The state of the s	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	2
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

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 Was any body injured in the Accident? 2

Was any injured conveyed to hospital by

NO

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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 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 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:
 - 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)

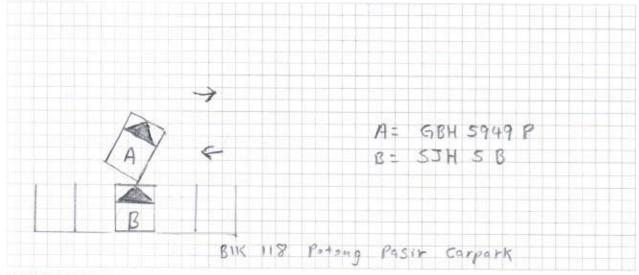
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to Statement	

DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

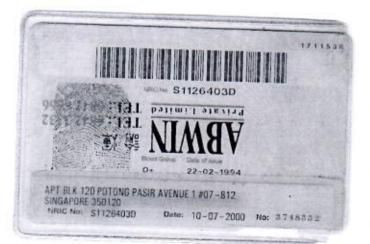
Reporting Centre Personnel's Signature

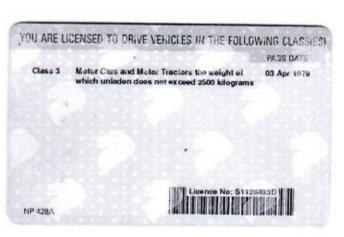
Name:

NRIC/FIN No.:









eBaoTech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601					-	• Change	Language	chang	ge Password	• Log Out
My Desktop	Policy Query										2
Notice of Loss	Policy I	No.				D	ate of Accident		03/04/2019 1	11:02	
	Vehicle	No.(For Motor)	GBH	5949P		C	ertificate Number				
						Searc	h				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102664296		LIM TEAN LYE TRADING	33503800W	GCV	Comprehensive	GBH59491	GBH5949P	25/07/2018	24/07/2019
						Continu	ue				

Claim Handling

Policy No.	5102664296	Vehicle No.	GBH5949P		GST Reg	istration No.	
Certificate No.							
Policyholder Name	LIM TEAN LYE TRADING				Policyhol	der NRIC	33503
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 Re	eason	
NCD Protection	No	NCD Entitlement(%)	20		Private H	lire	No
Accident Details							
Report Date	08/04/2019 11:50	Accident Report Within 24 hrs	Yes		Accident	Туре	Collide
Date of Accident	03/04/2019	Time of Accident hh:mm	00:30		Country	of Accident	Singap
Reporting Centre		Orange Force			ICM No.		340249
Accident Location	BLK 118 POTONG PASIR CARPARK						
▼ Excess							
Own damage Excess	600.00	Additional Excess			Windson	en Excess	100.00
Unnamed Driver Excess		Outside Singapore OD Excess			Weitascre	en cacess	100.00
Third Party Excess	0.00	Outside Singapore TP Excess					
▽ Benefits							
♥ GST Registered Informa	ition						
GST Registered	No						
GST Registration No.	113		GST Registra GST Status V			200	
Modification History	08/04/2019 11:52:37 Sys	stem changed GST Status Verified from No		ers eu		Yes	
Policyholder Mailing Ad							
Address 1	BLK 120 #01-812	Address 2	POTONG PASIR AVEN	UE 1	Address 3	3	SINGA
Address 4		Address Type	Singapore address		Post Code		35012
Unit No.	01-812	Related Policy Number	5102664296				
♥ OI Driver Info							
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver				
Unnamed driver Name	LIM KIAN KIM	Driver NRIC	51126403D		Driver DO	08	11/12/
Register Date of Driver License	03/04/1979	Driver Age	63		Driving Experience		40
Contact No.(Mobile)	98457544	Contact No.(Office)			Contact No.(Home)		32
Address 1	BLK 120 #07-812	Address 2	POTONG PASIR AVEN	UE 1	Address 3		
Address 4		Address Type	Singapore address		Post Code		SINGA
Unit No.	07-812		981535-9319331035-0		rost coat	0	350120
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Inc	urer Company	
						and the second second	
Seclaration Breathalyser or Blood Test	-9/35eW	TANK DO CANADONA					
	0 mg	Any injury?	Yes No				
Reading?	V mg						
			and the second				
Modification History		60.0°10'980'100					
Claim 001 New		60.30 Mat 00					
Claim 001 New				OD-MX	▼ Insured Name	LIM TEAN LYE TRAC	ING
Claim Type +				QD-MX	Name Contact	LIM TEAN LYE TRAC	ING
Claim Type +				QD-MX	Contact No. (Home)	LIM TEAN LYE TRAC	ING
Claim 001 New Claim Type + Contact Na.(Mobile)				OD-MX	Contact No. (Home)		ING
Claim 001 New Claim Type + Contact No.(Mobile)				OD-MX	Contact No. (Home)	LIM TEAN LYE TRAC	ING
Claim 001 New Claim Type + Contact No.(Mobile)				OD-MX GBH5949P / SJH58 ON	Contact No. (Home) OI Vehicle Number		ING
Claim Type + Contact No. (Mobile) Email Address Claim Description		1870-01/93 (550 Balt) (197		2	Contact No. (Home) OI Vehicle Number		ING
Claim Type + Contact No. (Mobile) Email Address Claim Description Preferred Workshop Bonswet No. (No. (No. (No. (No. (No. (No. (No.	Insured Liability Fully at F	ault T	[2	Contact No. (Home) OI Vehicle Number		ING
Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Resulted No. Yes		ault •		GBH5949P / SJH58 ON	Contact No. (Home) OI Vehicle Number		ING
Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Norkshop Roniers No. Transation Yes	Profesered Liability Fully at F	ault GIA		2	Name Contact No. (Home) OI Vehicle Number 3 Apr 2019 Ctairn Close		ING
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Claim Type * Claim Type * Contact Na.(Mobile) Email Address Claim Description Preferred workshop o Santiet No. Yes Date Registered	Profesered Liability Fully at F	ault GIA		GBH5949P / SJH58 ON D8/04/2019 11:53	Name Contact No. (Home) OI Vehicle Number 3 Apr 2019 Ctairn Close		ing
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→ Video List

Uploaded By/Date

Last Doc. Received ● Yes □ No Upload Date 08/04/2019 11:54 Path * Category * Confidential Urgency * Choose File No file chosen Clear Please Select * NO v Normal Choose File No file chosen Clear Please Select NO Normal Choose File No file chosen Clear Please Select NO Normal * Choose File No file chosen Clear Please Select * NO * * Normal Choose File No file chosen Clear Please Select ▼ NO * Normal Choose File No file chosen Clear Please Select * NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Description am sys NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:54 NRIC/ Driving License NRIC/ Driving License 2019-4-8 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 98 Apr 2019 11:54 SAS Normal SAS 2019-4-8 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 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 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 Photos 2019-4-8 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o .08 Apr 2019 11:53 Photos Photos 2019-4-8 NAC_PAVA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:53 Photos Photos 2019-4-8

File Name

Photos

Display in New Window Scan and uploading

Normal

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 08 Apr 2019 11:53

Folder Date

Photos 2019-4-8

Source