

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	07/06/2019 16:47
Date Of Accident	07/06/2019 13:00
Exact Location Of Accident	BLK 78C CARPARK TOA PAYOH CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2883U
Insured/Policyholder	
Name Of Registered Owner	WONG CHUEN SHOON ABRAHAM
NRIC No	S8935153G
Email Address	ABELOVESSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96221923
Alternative Phone No	OTHERS-83388178

Vehicle Particulars

Manufacturer	BMW
Model	-
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?	YES
If No, Please state action to be taken	
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	5105389521
Cover Note Number	

Driver

Name of Driver	WONG CHUEN SHOON ABRAHAM
NRIC No	S8935153G
Date Of Birth	30/09/1989
Occupation	INDOOR
Date Of Driving Pass	30/09/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221923
Fax Number	
Contact Number	OTHERS-83388178
Email Address	ABELOVESSG@GMAIL.COM

Address	BLK 79A TOA PAYOH CENTRAL #28-01
Postcode	311079
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	FIRE, EXPLOSION OR LIGHTNING
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?	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(OWNER PREFERRED WORKSHOP)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SBV7855P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN LIANG SENG
NRIC/Passport Number	S1270717G
Contact Number	91887855
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:

7/6/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

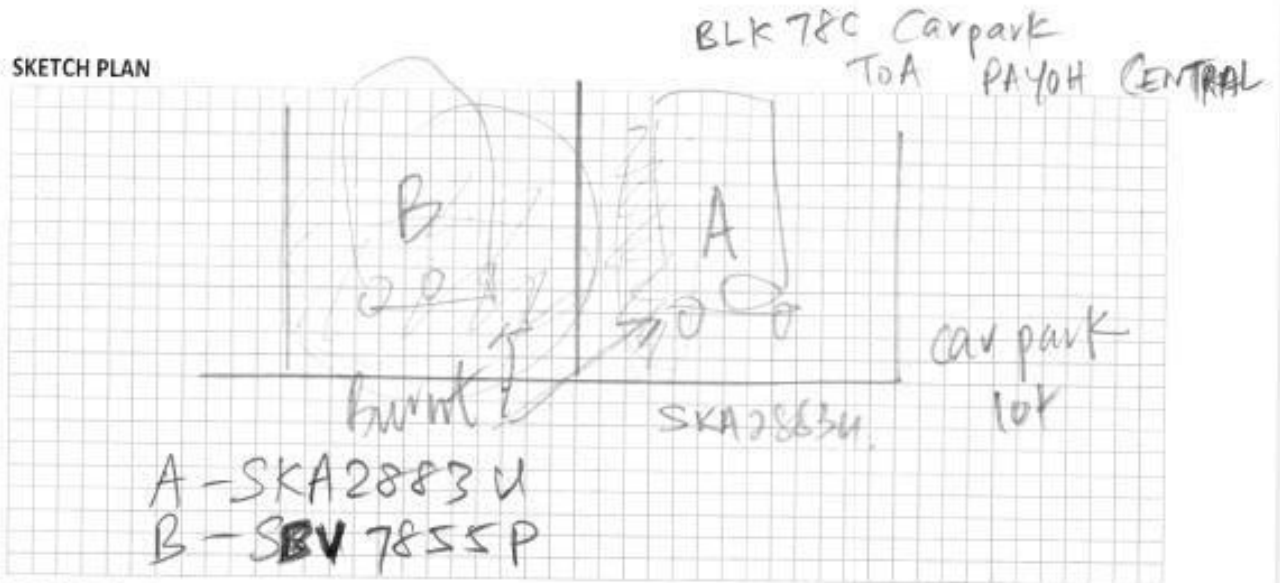
Name:

NRIC/FIN No.:

7/6/2019

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Our vehicle SKA2883U was parked at Blk 78C multi storey car park last night 6.6.2019 7pm.

7.6.2019, 1pm, Police called and informed us that a ^{Nissan} Sunny parked next to our SUV caught fire and ~~was~~ damaged our car.

This ^{old} Nissan Sunny was badly burnt and we are not sure if ~~over~~ Engine, Tyres are affected by the fierce fire. We noticed that ^{our} car head light is melted. Tings affected, bumper melted.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/6/2019

GUARANTY SIGNATURE

4pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

7/6/2019

Sketch Plan #3

SINGAPORE POLICE FORCE SAFEGUARDING EVERY DAY		CASE CARD
Report Number :	Actions Taken	
E/20190607/0067	<input type="checkbox"/> Advised to file magistrate's complaint	
Classification :	<input type="checkbox"/> Advised to seek community mediation	
Police Assistance Requested	<input type="checkbox"/> For further investigation	
	<input type="checkbox"/> Others: _____	
For queries, please contact:		
A16 Adib	6391 0000	

NP3196 (2018)

For more information, visit www.police.gov.sg or the agencies below:

Magistrate's Complaint
www.statecourts.gov.sg

Community Mediation Centre
www.mlaw.gov.sg/content/mc

Samaritans of Singapore
www.sos.org.sg

Family Violence Centre
www.hvcc.gov.sg

Municipal Services Office
www.mso.gov.sg

Consumer Association of Singapore
www.cas.org.sg

NP3196 (2018)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



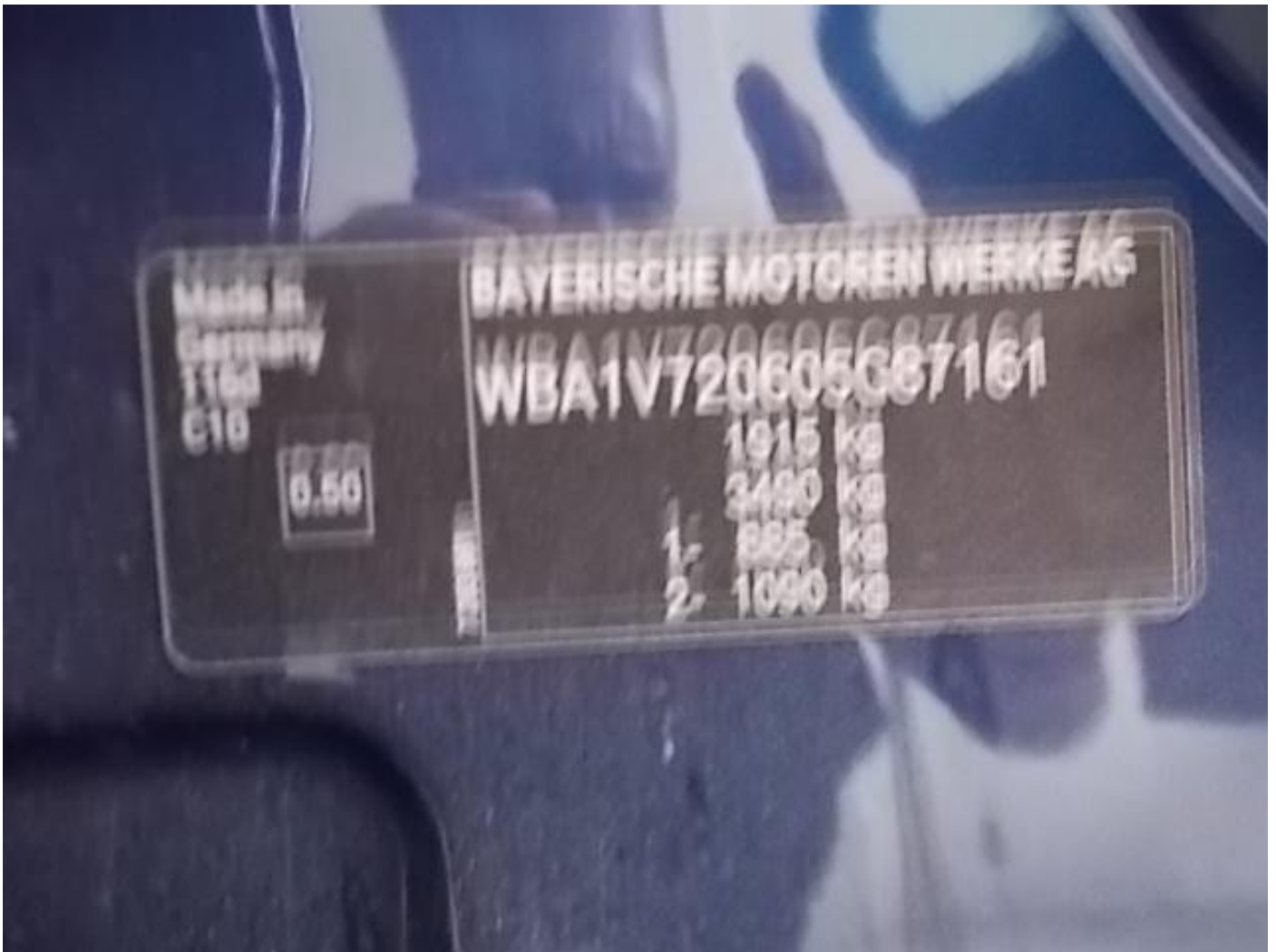
Accident Photo



Accident Photo



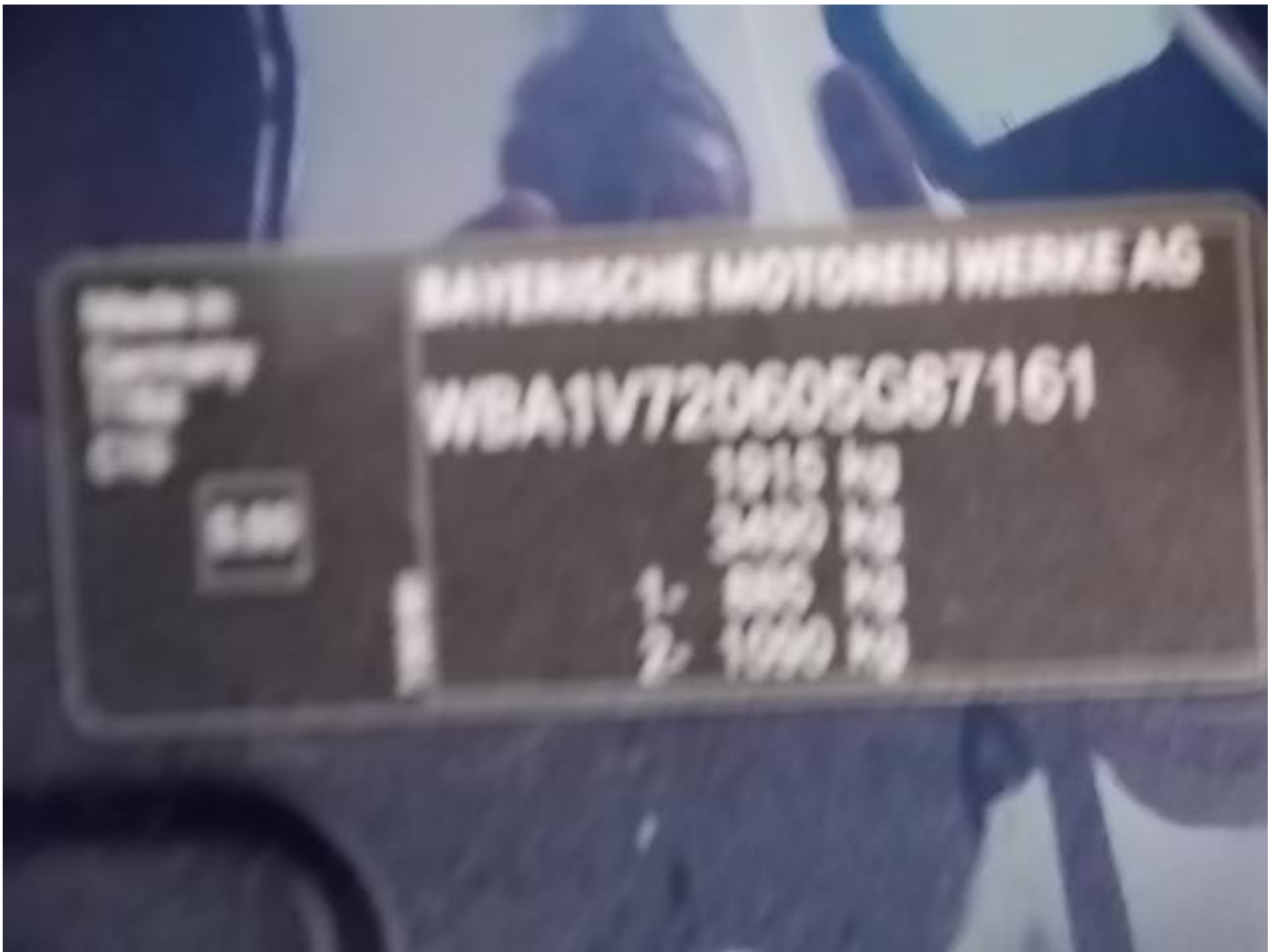
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 8 Raffles Quay #18-00 Singapore 048510
 Tel (65) 6124 0010 Fax (65) 6124 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S645500200 / GST Acc. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MNAY19074424 Vehicle Registration No: SKA 2883U
 Name (as shown in NRIC): Wong Chuan Boon ABLE NRIC/FIN/Passport No: S89351534
 (*Vehicle Driver ~~Vehicle Owner~~*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 0
 Email Address: _____
 Date of Accident: 07/06/2019 Time of Accident: 13:00
 Place of Accident: BK 78C CARPARK 20A Paya Lebar CRL
 Insurance Company: XIU

(B) ADDITIONAL INFORMATION / AMENDMENTS

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

From T/P To OWN DAMAGE CLAIM (OWNER PREFERRED)
BMW MOTOR

Policyholder / Driver's Signature
 Date:

19/06/2019
 Reporting Centre Personnel's Signature
 Name: Roshni Wajid
 NRIC/FIN No.:
 Date: