MNA119089745 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 09/07/2019 17:51
SUBMITTED BY: Jackson Ho Zhao Tian

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 09/07/2019 17:58

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
2. This Form must be <u>completed by the Policyholder and/or the Authorised Driver.</u>
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.
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	09/07/2019 17:51
Date Of Accident	29/06/2019 21:25
Exact Location Of Accident	BLK 113 PASIR RIS ST 11 CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT3389L

Insured/Policyholder

Name Of Registered Owner	LIM KOK SENG
Work Permit No	S1683195F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97919899
Alternative Phone No	OFFICE-97919899

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY 2.4 EXV-S CVT SR
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	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MU010324
Cover Note Number	

Driver

Name of Driver	DARRYL LIM ZONG HAN
NRIC No	S9800391F
Date Of Birth	05/01/1998
Occupation	INDOOR
Date Of Driving Pass	13/07/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88663691
Fax Number	
Contact Number	OFFICE-88663691
EMail Address	NOEMAIL

Address	BLK 607 ELIAS ROAD #11-186
Postcode	510607
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	1

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

REFER TO 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	SJM7445S
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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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.
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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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)   Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

    (II)   For complying with requirements under my regulations, laws or court orders.
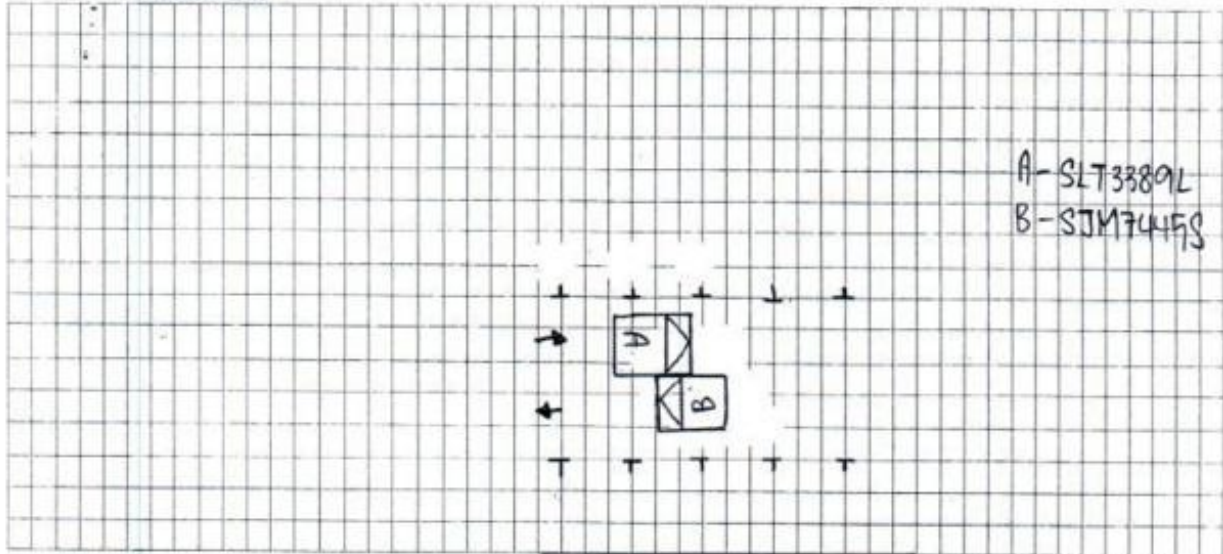

Policy holder's signature
Date / time:

Driver's signature
(if driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN

A- SLT3389L
B- SJM7445S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along the carpark of Blk 113 Pasir Ris St 11 carpark and vehicle B which is travelling at the opposite side went into my lane and did not slow down and collided onto the right portion of my vehicle.

DECLARATION

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

_____
Policy holder's signature
Date & time:

_____
Driver's signature
(if driver is not policy holder)
Date & time:

_____
reporting centre personnel's Signature
NRIC/FIN No.:

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Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo