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Owner / Driver: (Policy No: () Period: (· · · · · · · · · · · · · · · · · · ·	Tel:		_
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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 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	23/07/2019 14:07
Date Of Accident	22/07/2019 17:00
Exact Location Of Accident	JUNC UPP ALJUNIED RD & JOO SENG RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH6534X
Insured/Policyholder	
Name Of Registered Owner	PINE FURNITURE AND CONSTRUCTION
Co Reg No	52878799C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96624974
Alternative Phone No	OFFICE-96624974
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5102832874
Cover Note Number	
Driver	
Name of Driver	LIM THUAN PING

 Name of Driver
 LIM THUAN PING

 NRIC No
 \$1716286A

 Date Of Birth
 18/03/1965

 Occupation
 OUTDOOR

 Date Of Driving Pass
 14/12/1991

Driving Experience 27 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96624974

Fax Number

Contact Number OFFICE-96624974

EMail Address NOEMAIL

Address BLK 151 PASIR RIS STREET 13

#06-74

Postcode 510151

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

-

2

NO

1

NO

NO

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

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS THERE WERE PEDESTRIAN CROSSING. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZE THAT VEHICLE B HIT ONTO MY VEHICLE REAR RIGHT 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 PC9728U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category BUS

Name of Driver ZHOU PEI NRIC/Passport Number 076113998

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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. 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/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
- (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.

Date & Time:

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name:

(If driver is not the policyholder)

Date & Time:

SHARIMS SHOWN TO DESCRIPTIVE

Date & Time:

2

Name:

NRIC/FIN No.:







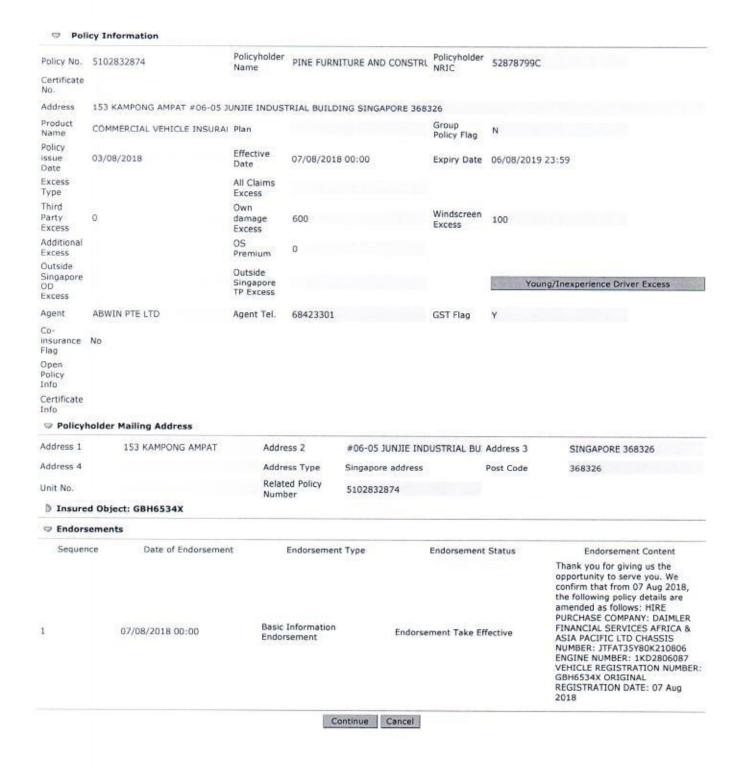


ABWIN 論 TEL: 6842 3332 類 TEL: 6593 7443

20-09-2017

APT BLK 151 PASIR RIS STREET 13 #06-74 SINGAPORE 510151





cident MT/1054698					
	5102632874	Vehicle No.	GBH6534X	GST Registration No.	
rifficate No.		8777276770		was regulation no.	
Sicytolder Name	PINE PURNITURE AND CONSTRUCTION			Della maides NDM	**********
oduct Code	COMMERCIAL VEHICLE INSURA)	Cover Type	Preferred Workshop Plan	Policyholder NRIC Loading	52878799C 0
ertact No. (Mobile)	96624924	Contact No. (Office)	0	Contact No.(Home)	0
nall Address		Special Remark	570	eCode	Dir V
×	® No ○ Yes	TCA	® No ○ Yes		1000
D Protection	No	NCD Entitlement(%)		eCode Reason	
Accident Details		nou cropeners(%)	20	Private Hire	No
port Date					
	23/07/2019 17:30	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident	22/07/2019	Time of Accident hh:mm	17:00	Country of Accident	Singapore
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m damage Excess.	600.00	Additional Excess		Windscreen Excess	100.00
named Driver Excess		Dutside Singapore DD Excess			
erd Party Excess	0.00	Outside Singapore TP Excess			
Benefits					
GST Registered Inform	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Yes	
dification History	23/07/2019 17:31:08 \$	ystem changed GST Status Venfied fro	m No to Yes		
Bolicubolder Wellie 1	td-s				
Policyholder Mailing Ad					
dress 1	LS3 KAMPONG AMPAT	Address 2	#06-05 XUNJIE INDUSTRIAL BU	Address 3	SINGAPORE 368326
dress 4		Address Type	Singapore address	Post Code	368326
et No.		Related Poscy Number	5102832874		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	LIM THUAN PING	Driver NRIC	S1716286A	Driver DOB	18/03/1985
piter Date of Driver License		Driver Age	54	Driving Experience	27
ntact No.(Mobile)	96624974	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 151	Address 2	PASIR RIS STREET 13	Address 3	SINGAPORE SIGISI
dress 4		Address Type	Singapore address	Post Code	510151
it No.	06-74				
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