SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

	ACCIDENT STATEMENT
Date Of Report	16/09/2019 14:47
Date Of Accident	13/09/2019 13:45
Exact Location Of Accident	CTE TOWARDS CITY NEAR BALESTIER EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMF5888L
Insured/Policyholder	
Name Of Registered Owner	JAVIER NG RUIQIANG
NRIC No	S8827128I
Email Address	JAVIER.EDICTURE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91277357
Alternative Phone No	OTHERS-91277357
Vehicle Particulars	
Manufacturer	BMW
Model	520I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112026708
Cover Note Number	
Driver	
Name of Driver	JAVIER NG RUIQIANG
NRIC No	S8827128I
Date Of Birth	05/08/1988
Occupation	INDOOR
Date Of Driving Pass	20/11/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91277357
Fax Number	

OTHERS-91277357

JAVIER.EDICTURE@GMAIL.COM

APT BLK 894D WOODLANDS DRIVE 50 Address

#06-35

733894 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

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

Police Station Name CENTRAL POLICE DIVISIONAL HQ (A DIVISION)

NO

2

YES

NO

NO

1

YES

ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT Police Station Address

COMPLEX BLOCK A, POSTCODE: 088762, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2240000 - FAX NO: 62200877

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN & POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKQ1307P

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver KHOR CHEE KOK

NRIC/Passport Number S2505119Z 91091000 Contact Number

Address Postcode

Insurance Company Name

DETAILS OF INJURED PERSON 1 JAVIER NG RUIQIANG

Approximate Age

Name

Injuries Sustain

Injured person in which vehicle?

SMF5888L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

APT BLK 894D WOODLANDS DRIVE 50

#06-35

Postcode

Address

733894

Sketch Plan

SKETCH PLAN			
		A A B	A: SMF5888L B: SEQ 1307 P.
CTE	TOWARDS	City.	

ESCRIBE CIRCUMS	TANCES OF THE ACCIDENT
car. I h	relling strought on CTE toward city near whompo / Balertin a write Nissan hit on my back of the back my as slowing down as the front car was stopping but y jambrake which I also did. That is when the san bong onto me.

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.:

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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 & Timo: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	1281
Vehicle Details	
Vehicle No.:	SMF5888L
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Sep 2019
Vehicle Make:	B.M.W.
Vehicle Model:	520I M-SPORT AUTO
Primary Colour:	White
Manufacturing Year:	2019
Engine No.:	F7353294B48B20A
Chassis No.:	WBAJA12030BJ21370
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$59,220.00
Original Registration Date:	23 Aug 2019
First Registration Date:	23 Aug 2019
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$78,596.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Aug 2029
PARF Rebate Amount: Intended COE Rebate Details	\$58,947.00
COE Expiry Date:	22 Aug 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,602.00
COE Rebate Amount:	\$38,332.00
Total Rebate Amount:	\$97,279.00

The information contained herein is correct as at 17 Sep 2019

OK