

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	24/09/2019 17:22
Date Of Accident	18/09/2019 08:30
Exact Location Of Accident	UPPER BOON KENG CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ8849X
Insured/Policyholder	
Name Of Registered Owner	NEWCON BUILDERS PTE. LTD.
Co Reg No	200713695G
Email Address	LIM@NEWCONBUILDERS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62768208

Vehicle Particulars

Manufacturer	BMW
Model	520I-2.0 (A)
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107810476
Cover Note Number	DRIVO CLASSIC

Driver

Name of Driver	LIM KEH SOON
NRIC No	S1397789E
Date Of Birth	12/06/1959
Occupation	INDOOR
Date Of Driving Pass	31/07/1980
Driving Experience	39 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	+65-81210295
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 731 WOODLANDS CIRCLE #09-15
Postcode	730731
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	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?	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)	2
Passenger 1	NAME: : PASSENGER
	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

MY VEHICLE WAS ALREADY STOPPED AND WAS QUEUING AT THE CARPARK BARRIER. VEHICLE B CAME OUT FROM THE PARKING LOT AND I SAW HIM SQUEEZING. I DECIDED TO GIVE WAY TO HIM BUT HIS REAR PORTION CAME AND GRAZED AGAINST THE FRONT RIGHT PORTION OF MY VEHICLE. I WISHED TO INFORMED THAT MY VEHICLE WAS STATIONARY AT ALL TIME.

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	SGT68S
Vehicle Make/Model/Colour	TOYOTA
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 Pg. 1

NHCC Income Motor Service Centre

Vehicle No

Report Date: 8/10/2019 Start Time: 11:56 AM

Report No: MJ

D.O.A

Make Model

Reporting Type

End Time

SKETCH PLAN

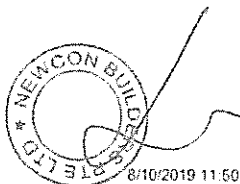
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8. Consent under the Personal Data Protection Act (PDPA)

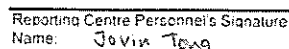
I understand, acknowledge, agree and consent that :

- (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 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 reasonable required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, law or court orders.


NEWCON BUILDERS LTD
8/10/2019 11:50

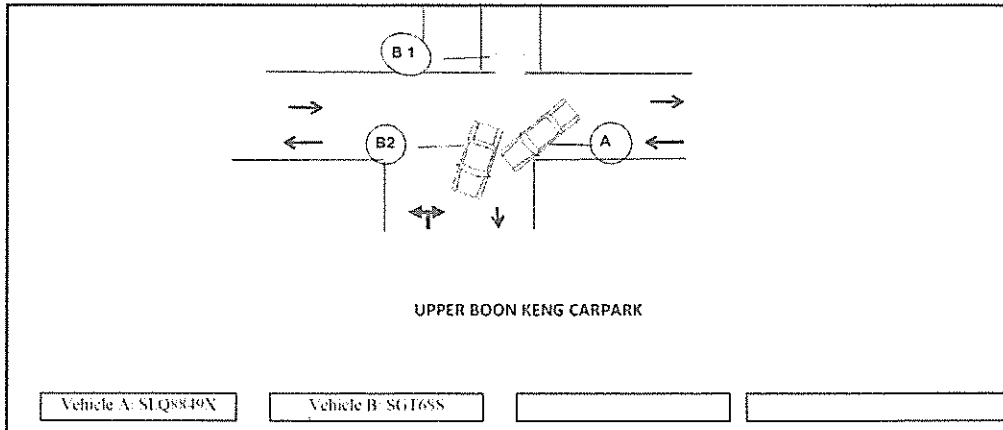
Policyholder's Signature
Date & Time:


8/10/2019 11:50
Driver's Signature (If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Jovin Tang
NRIC/ Fin No: S098351

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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



8/10/2019 11:50

Policyholder's Signature
Date & Time:

8/10/2019 11:50

Driver's Signature (If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Jovyn Tong
NRIC/ Fin No: S 098352