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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.
- 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.
- 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.

(1991) 大学多点,对 10 mm 10	ACCIDENT STATEMENT
Date Of Report	14/10/2019 17:08
Date Of Accident	11/10/2019 11:30
Exact Location Of Accident	ALONG MANDAI ROAD TOWARDS YISHUN
Country/State of Loss	SINGAPORE
the color of the same of the same of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN8015P
Insured/Policyholder	
Name Of Registered Owner	ACTIVE FIRE PROTECTION SYSTEMS PTE. LTD
Co Reg No	200102167C
Email Address	SALES@MIA.COM.SG
Mobile Phone No	(LOCAL) +65-91188924
Alternative Phone No	OFFICE-63533371
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA FIELDER-1.5 X (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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5088252327-02
Cover Note Number	
Driver	
Name of Driver	LIM CHUN YUEN
NRIC No	S9080989Z
Date Of Birth	21/11/1990
Occupation	INDOOR
Date Of Driving Pass	07/12/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188924
Fax Number	common en provincia de se de common de la common della common de la common de la common de la common della co

OFFICE-63533371

SALES@MIA.COM,SG

Address

BLK 255 YISHUN RING ROAD

#02-1105

Postcode

760255

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

7.0

Insurance Company of Driver's Own Vehicle

î

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

ambulance?

YES

Was any other material or property damaged?

IES

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

PLEASE REFER TO SKETCH PLAN

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

SLZ2232E

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

IMPORTANT NOTICE

- 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
- 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
- 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)
 - (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,

Policyholder's Signature Date & Time:

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

NRIC/FIN No.:

	on 11/10/19 at about 11.30pm I was driv	
	mpany Vehicle (A) SLN 8015P along Mandai	
	on was red light a moment later	
	le (B) SLZ 2232E Collided onto my	
rear	left side portion of my vehicle.	

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 palicyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

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agratar Date of Driver License	07/13/2015	Driver Age	28		Driving Expension	1
entact No.(Mublic)	91188924	Contact No.(Office)	63533371		Corriect No.(Home)	
edrass 1	BUX 255 #02-1105	Address 2	PESHUN KING KOAD		Address 3	YISHUN SUNSHINE
ddrans 4	SINGAPORE 765258	Address Type	Foreign address		Post Code	760255
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10/15/2019		Claim Handling(ac	cident reporting Claim	Task)
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	NAC_BURIT_MERAH, \$20676(NATIONAL ASSESSMENT CENTRE MERVICE S (BLACT MERAH)) on 13 Oct 2019 17:58	Photoe.	Normal	Phones 2019-10-15
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DENIES.	MAC_BURTT_MERAH_900676(NATIONAL ASSESSMENT CURTAL SERVICE 8 (R)RUT MERAH() on 15 Oct.2019-17:50	Process	Normal	Photos 2019-10-15
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_3	NAC_BURIT_MERAM_RODICTS(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) int 15 Oct 2019 17:58	Peotos	Normal	Photas 2019-10-15
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3	NAC_BURIT_HERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE S (BUXTY MERAH)) on 15 Oct 2019 17:59	Photos	Normal	Photos 2019-10-15
器画	NAC_BURLT_MERAM_BEGG76(NATIONAL ASSESSMENT CENTRE SERVICE S (BURLT MERAM)) on 15 Oct 2019 17:58	NRDC/ Driving License y	Normal	NRIC Driving License 2019-10-15
199	NAC_BURIT_MERAH_BODETS NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 15 Oct 2019 17:58	SAS	Normal	5AS 2017-10-18
				10-12

Felder Date

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Action

Date of Accident	: 11 (0 (9 Accident Time: 11-30pm (24-HR-Format)
Accident Place	: MANDOI towards Yishun
Vehicle. No. (Car Plate No.)	: SLN 8015P Make/Model: Toyota Fielder
Insurace Company	: NTUC Policy No: 5088252327-0:
Owner or Company Name /IC No.	Active Fire Protection Systems Pte Ltd
Owner or Company Contact No.	: 63533371 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Lim Chun Yuen, 59080989 Z
DRIVER'S Date Of Birth	31 11 1990 DRIVER'S License Pass Date 7 12 2016
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee \ Others:
DRIVER'S Address	3/K255 Yishun Ring Road #02-1105
DRIVER'S Contact No./ Alt No.	:1) 91188924 2)
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	sales@mia.com.sg
Weather & Road Surface	CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	
Was there any video Captured by car Exact purpose for which vehicle was Any Injury (If YES, Pls state):	camera: YES NO being used at the time of accident: Private use \ Work purpose
Other P	arty Driver's Particular (if any)
Vehicle, No: SLZ 2232	Vehicle, No:
Vehicle Make\Mødel:	Vehicle Make\Model:
Name Driver:	A SHANG COLORED MANAGEMENT AND COLORED
IC No. Driver/Contact:	

* NEW - Passenger's name & gender:



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8015P 1618001704 IVE FIRE PROTECTION SYSTEMS PTE, LTD ab 2019 ab 2020 Irr or with his/her permission. a with the licensing or other laws or regulations to drive qualified by order of a Court of Law or by reason of any other Vehicle.
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E REFER OVERLEAF
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ANK SINGAPORE LIMITED
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