MTLM20000317 / Tan Lim Motor Pte Ltd - Defu
ENTRY DATE & TIME: 02/01/2020 13:26
SUBMITTED BY: Lam Wei Shong

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	02/01/2020 13:26
Date Of Accident	31/12/2019 22:40
Exact Location Of Accident	JUNCTION OF PASIR RIS DRIVE 1 AND PASIR RIS ST 11
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBE8049H
Insured/Policyholder	
Name Of Registered Owner	SHADDAI-PLAN
Co Reg No	4XXXX500X
Email Address	JOSEPH81115999@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81115999
Vehicle Particulars	
Manufacturer	NISSAN
Model	NV200-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	5088849740-02
Cover Note Number	24/03/2019 TO 23/03/2020
Driver	
Name of Driver	YEAP TIEN CHAI
NRIC No	SXXXX299Z
Date Of Birth	31/08/1961
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1983
Driving Experience	36 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81115999
Fax Number	
Contact Number	
EMail Address	JOSEPH81115999@GMAIL.COM

Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	NG SWEE LIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE8049H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 143 PASIR RIS STREET 11 #04-107
Postcode	510143

DETAILS OF INJURED PERSON 2

Name	YEAP TIEN CHAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	GBE8049H
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLOCK 143 PASIR RIS STREET 11 #04-107
Postcode	510143

SKETCH PLAN

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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 "**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:

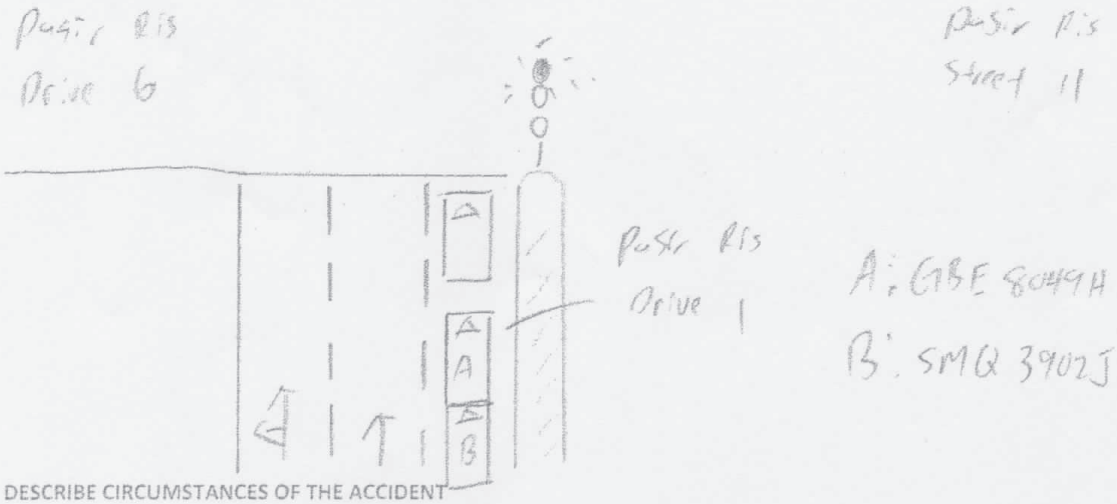
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

SHADDAI PLAY SHS 111E SWS

Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: 02/01/2020 @ 1350hrs	Reporting Centre Personnel's Signature Name: Lam Wei Shung NRIC/FIN No.: SXXXX3701H

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to GIA report

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name: Lum Wee Shung
	Date & Time: 02/01/2020 @ 1350hrs	NRIC/FIN No.: SXXXX770H