Report Format:

Lump Sum / I.B.I: (\$

) Photos

) Others

TOTAL

Tech. Invs (\$

Weekend (\$

### 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	27/04/2020 16:32			
Date Of Accident	27/04/2020 14:00			
Exact Location Of Accident	PAYA LEBAR ROAD TWRDS UPPER PAYA LEBAR			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SMK9017G			
Insured/Policyholder				
Name Of Registered Owner	SHIM CHEE VUI			
NRIC No	SXXXX615A			
Email Address	NOEMAIL			
Mobile Phone No	(LOCAL) +65-92729068			
Alternative Phone No	OTHERS-92729068			
Vehicle Particulars				
Manufacturer	TOYOTA			
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD			
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 NO Fleet Policy 5109970573 Policy Number Cover Note Number

**NOEMAIL** 

## Driver

**EMail Address** 

SHIM CHEE VUI Name of Driver SXXXX615A NRIC No 05/07/1975 Date Of Birth **INDOOR** Occupation 21/09/2001 Date Of Driving Pass 18 YEARS AND 7 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-92729068

Mobile Number Fax Number

OTHERS-92729068 Contact Number

Address BLK 945 #06-151S HOUGANG STREET 92

Postcode 530945

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 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 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: : EYON

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

REFER ATTACHED;

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** 

YN9997U Vehicle Registration Number

Vehicle Make/Model/Colour

ISUZU / NPR85UH5A

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

#### Accident Sketch Plan

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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- Please report correctly the details of the accident to speed up the claims process.
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- 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.
- 5. 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.

IDAC KAKI BUKIT (VAC) 23 Kaki Bukit Ave 4 #02-02 Singspore 415933

Tel: 67416697 Fax: 67492305 Email: vackb@vicom.com.sq

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)
Date & Time:

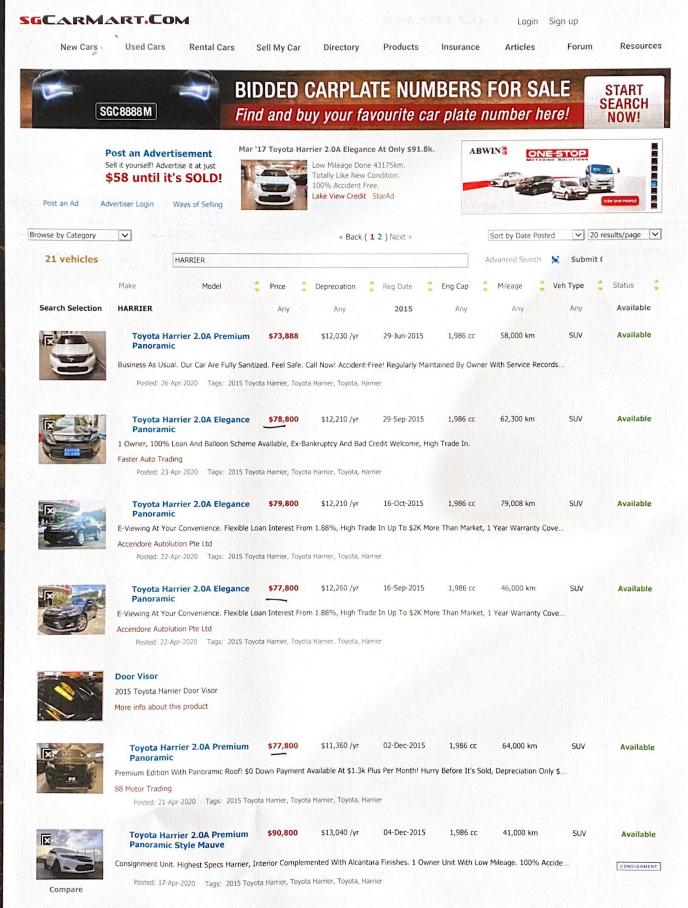
Reporting Centre Personnel's Signature Name: 2 7 APR 2020

NRIC/FIN No.:

GARMU SEELEPROFORE, VI

# Accident Sketch Plan

KETCH PLAN		دادادا والمناورات			heef dissultant outs antices transmission
		A			- PF10P JMZ
	NCES OF THE ACCIDEN		to levelle		Pro John Cooper
On 27-04-202	n at ahove 11	1.00 . I W	ar trovelling	front 1	Paya lehar Road
loward Upper la	ja lehar , I w	ias slow don	yn due to	toffic	: Suddenly
					14 (2)
	- Carlo Marco I Chiefe				
CLARATION e declare the foregoing	particulars are true in ever	ry respect.	Te	23 Kaki Bi Singa 1: 674166	AKI BUKIT (VAC) ukit Ave 4#02-02 pore 415933 97 Fax: 6749230 kb@vicom.com.eq
cyhploer's Signature e & Time:	Driver's Signal (If driver is no Date & Time:	ture t the policyholder)	Nam	orting Centre P	Personnel's Signature 2.7 APR 2020



# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars			
Owner ID Type:	Singapore NRIC		
Owner ID: Vehicle Details	615A		
Vehicle No.:	SMK9017G		
Vehicle to be Exported:	No		
Intended Deregistration Date:	27 Apr 2020		
Vehicle Make:	TOYOTA		
Vehicle Model:	HARRIER 2.0 PREMIUM AT AIRBAG 2WD		
Primary Colour:	Silver		
Manufacturing Year:	2015		
Engine No.:	3ZRB621236		
Chassis No.:	ZSU600054345		
Maximum Power Output:	111.0 kW (148 bhp)		
Open Market Value:	\$29,856.00		
Original Registration Date:	14 Oct 2015		
First Registration Date:	14 Oct 2015		
Transfer Count:	1		
Actual ARF Paid: Intended PARF Rebate Details	\$28,799.00 14399		
PARF Eligibility:	Yes		
PARF Eligibility Expiry Date:	13 Oct 2025		
PARF Rebate Amount: Intended COE Rebate Details	\$21,599.00		
COE Expiry Date:	13 Oct 2025		
COE Category:	B - Car above 1600cc or 97kW (130bhp)		
COE Period(Years):	10		
QP Paid:	\$58,190.00		
COE Rebate Amount:	\$31,771.00		
Total Rebate Amount:	\$53,370.00		

The information contained herein is correct as at 27 Apr 2020