

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 ability.
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 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	04/05/2016 16:05
Date Of Accident	03/05/2016 15:50
Exact Location Of Accident	UBI AVENUE 3/UBI ROAD 1 JUNCTION
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJP3113K
Insured/Policyholder	
Name Of Registered Owner	LEE LIAK HONG
NRIC No	S0184782A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97550278
Alternative Phone No	Office-97550278
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA-1.5 AXIO (A)
Exact Purpose for which vehicle was being used at time of accident	DRIVING LESSON/TUITION
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	5034637196-07
Cover Note Number	
Driver	
Name of Driver	CHERYL TAY YI TING
NRIC No	S9403287C
Date Of Birth	19/01/1994
Occupation	Indoor
Date Of Driving Pass	03/05/2016
Driving Experience	0 Year And 0 Month
Gender	Female
Mobile Number	(Local) +65-83222339
Fax Number	
Contact Number	
EMail Address	CHERYL_TAY52@HOTMAIL.COM

Address	25 ELIAS ROAD #11-12
Postcode	519931
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - LEARNER
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

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

SEE ATTACHED SKETCH PLAN

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV1326U
Vehicle Make/Model/Colour	NISSAN TEANA
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC Income Insurance Co-operative Ltd
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	LEE LIAK HONG
Phone Number	97550278
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

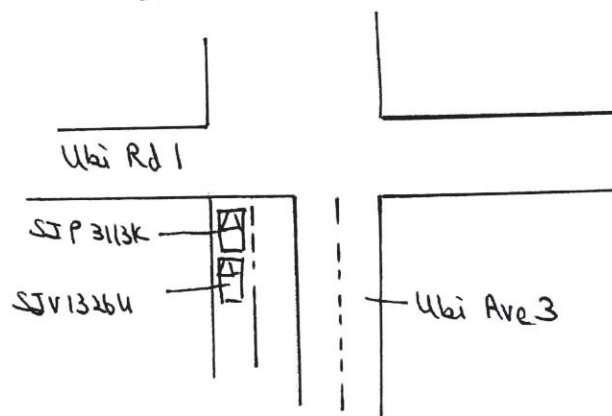
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8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or 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.

Car
Policyholder's Signature / Date & Time

[Signature]
Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature] 4/9/2016
Witnessed by Reporting Centre Personnel 345p

Sketch Plan



Sketch Plan Pg.2

Describe Circumstances of the Accident

I had stopped my car SJV 3113K at Ubi Ave 3 as the traffic light was red. Suddenly the vehicle SJV 13264 coming from behind collided into the rear of my car, causing damage.

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

Witnessed by Reporting Centre
Personnel 3.45a

Attn: Alice

Facsimile

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255582) Fax: (65) 6553 5329

To	: A C Syed & Partners	Fax	: 6534 1011
Dept	:	DID	: 6538 7411
Attn	:	Date	: 17 May 2016
From	: Helen Robert (Search Section)	Fax	: 6553 5384
Our ref	: VR&L/V43.009.001/SJV1326U	DID	: 6553 5210
Your ref	: ACS.KC.LTA.16.05	No of pages	: 1 (including this page)

Dear Sir/Madam

Confirm Insurance Details for Vehicle No: SJV1326U as at 3 May 2016

We refer to your request dated 17 May 2016.

Our records show that the vehicle SJV1326U was insured with QBE INSURANCE (SINGAPORE) PTE LTD as at 3 May 2016 under a motor trade policy number V0009749.

Vehicle insurance details in our registry are based on the information furnished by the insurance companies. As such, LTA is unable to verify and shall not be responsible for the correctness, completeness or accuracy of these details.

If you require further clarification, please contact me or my colleague, Ms Siti Nurbaya on DID: 65535210.

Yours sincerely



Helen Robert (Mdm)
Senior Executive Service Officer
Quota & Registration
VRL Service Operations Division

apt. 27/7/16.
1310-1350