

MNII17103385-01 / NTUC Income Insurance Co-operative Ltd - HQ ENTRY DATE & TIME: 04/08/2017 20:10

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 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	04/08/2017 20:10
Date Of Accident	04/08/2017 06:45
Exact Location Of Accident	JUNCTION OF ANG MO KIO AVE 6 AND ANG MO KIO AVE 5
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ2306M
Insured/Policyholder	
Name Of Registered Owner	LOW KIM HUAT
NRIC No	S7011221C
Email Address	NAMEISBEEBEE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96709933
Alternative Phone No	OFFICE-96709933
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	VOLKSWAGEN TIGUAN 1.4CC
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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 NO
Policy Number	5087257588
Cover Note Number	
Driver	
Name of Driver	TAN BEE BEE
NRIC No	S7201417J
Date Of Birth	05/01/1972
Occupation	INDOOR
Date Of Driving Pass	21/08/1995
Driving Experience	21 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	+65-84996653
Fax Number	e was to
Contact Number	erg s v s

NAMEISBEEBEE@YAHOO.COM.SG

Address

60 SPRINGLEAF CRESCENT

Postcode

786384

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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

Was any body injured in the Accident?

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)

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

GBB2921U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

WEE HOCK ANN

NRIC/Passport Number

S6848234H

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

83824218

1

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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

I understand, acknowledge, agree and consent that

- (a) My Insurer, my w orkshop 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 law yers/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 enquines 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TAN BEE BEE 04/08/2017 12:30

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

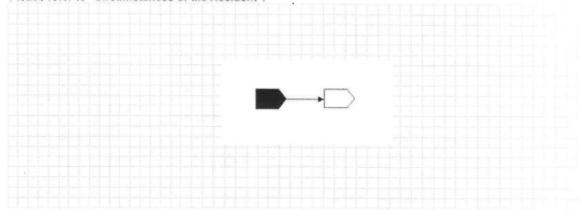
Witnessed by Reporting Centre Personnel

Accident Sketch Plan

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

BLACK CAR: GBB2921U

WHITE CAR: SKZ2306M

DESCRIPTION:

I was on Ang Mo Kio Axe 6 intending to turn right into Ang Mo Kio Axe 5. It was a cross junction and I was on the right most tane which was a right-turn only lane. The front vehicle was slowing down and I did the same as well. Suddenly, GB82921U collided onto the rear of my car.

Declaration

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

TAN BEE BEE

Policyholder's Signature / Date & Time

04/08/2017 12 30 Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel