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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
- 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.

Singapore(GIA) for archiving and that copies of this 7. By the lodgement of this report to the insurers, you aforesaid.	whereby consent to the archiving of this report at the centre and to copies of the	report being made available
all to the same of	ACCIDENT STATEMENT	
Date Of Report	26/12/2017 15:27	
Date Of Accident Exact Location Of Accident	04/11/2016 08:45 PIE TWDS CHANGI AFTER LOR 6 TOA PAYOH E	EXIT
Country/State of Loss	SINGAPORE DETAILS OF OWN VEHICLE	THE RESERVE
Vehicle Registration Number	SJV9967S	
Insured/Policyholder		
Name Of Registered Owner NRIC No	CHAN LAI ING S7001416E	
Email Address Mobile Phone No	NOEMAIL (LOCAL) +65-97875059	
Altamativa Phone No	OFFICE-97875059	

Mobile Phone No	(LOCAL) +65-97875059	
Alternative Phone No	OFFICE-97875059	
Vehicle Particulars		
Manufacturer	VOLKSWAGEN	

Manufacturer	VOLKSWAGEN
Model	PASSAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage NO Fleet Policy

5084368842 Policy Number

Cover Note Number

Driver WONG SHOOK FUNG (HUANG SHUFEN) Name of Driver S7408645D

NRIC No 17/03/1974 Date Of Birth OUTDOOR Occupation 02/06/1997 Date Of Driving Pass

19 YEARS AND 5 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-83114883 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 518 CHOA CHU KANG ST 51 #02-04

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

680518

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 involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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)

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 ATTACHED STATEMENT.

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

GBF4397Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 companies.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknow ledge, 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 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' 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.

Anawan. Witnessed by Reporting Centre Driver's Signature (If driver is not the policyholder) / Date Policyholder's Signature / Date & Personnel & Time Time Sketch Plan

A = SJV 99675 B = GBF 4397 = PIE (Changi) After Lor 6 Too Payoh

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Declaration

We declare the foregoing particulars are true in every respect.

AnoWang.

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

Witnessed by Reporting Centre Personnel

Policyholder's Signature / Date & Time

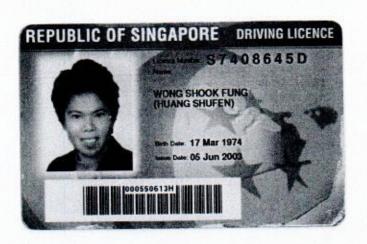
ACCIDENT STATEMENT

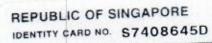
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South State Stat	e)MAKE & MODEL	LORRY / MOTORCYCLE / OTTER
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2. INSURED / POLICY HOLDER A) NAME: Cham La; Ing CONTACT: 9787.5059 b) NRIC/FIN/PASSPORT: CONTACT: 9787.5059 c) ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER a) NAME: Wong Shook Fung (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 8311.4 F83 c) ADDRESS: *d) DATE OF BIRTH: (//) (DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5 No ON OUTDOOR 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) b) ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: B. THIRD PARTY VEHICLE a) VEHICLE NUMBER: GBF 4397 2 MODEL: (Included of VEHICLE NUMBER: CONTACT: (Included of VEHICLE NUMBER: MODEL: (Included of VEHICLE NUMB	IE NO PLEASE STATE (THIRD PARTY	MANA SECTION OF THE S
A)NAME: Chan La. Ing b)NRIC/FIN/PASSPORT: c)ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER d)NAME: Wong Shook Fung c)ADDRESS: *d)DATE Wong Shook Fung b)NRIC/FIN/PASSPORT: c)ADDRESS: *d)DATE OF BIRTH: (/	A INCLIDED / POLICY HOLDER	MALE / FEMALEI
C)ADDRESS: *CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER d)NAME: Wong Shook Fung (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: \$311 4 593 c)ADDRESS: *d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: NO EXPRERIENCE: NO EXPRENSION OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Sniend 5. d)WEATHER CONDITION: (CLEAR / RAINING / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D)ROAD SURFACE: (DRY / WET / OTHERS D) PREASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE o) VEHICLE NUMBER: GBF 43 97 2 MODEL: NO DRIVER'S NAME: CONTACT: (Included of VEHICLE NUMBER: MODEL: MODEL	AINAME Chan Lai ing	_CONTACT: 97875059 4 40 0
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER *DRIVER *ONTACT: **STILLY *	b)NRIC/FIN/PASSPORT:	bic/ena
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER d)NAME: Wong Shook Fung (MALE / FEMALE) b)NRIC/FIN/PASSPORT: CONTACT: \$311 4 993 c)ADDRESS: *d)DATE OF BIRTH: (/ /) (DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: (NO) IF NO, RELATIONSHIP OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5 10 (NEATHER CONDITION: (CLEAR / RAINING / OTHERS) b)ROAD SURFACE: (DRY / WET / OTHERS) 6. WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: b) DRIVER'S NAME: CONTACT: (Included) c) VEHICLE NUMBER: GBF 4397 & MODEL: c) NRIC/FIN/PASSPORT: CONTACT: (Included) d) VEHICLE NUMBER: MODEL: (Included) e) DRIVER'S NAME: (Included) d) VEHICLE NUMBER: MODEL: (Included) e) DRIVER'S NAME: (Included) d) VEHICLE NUMBER: MODEL: (Included) e) DRIVER'S NAME: (Included)	c)ADDRESS:	Cinclud
3. DRIVER d)NAME: wong Shook Fung CONTACT: \$311 4 893 b)NRIC/FIN/PASSPORT: CONTACT: \$311 4 893 c)ADDRESS: *d)DATE OF BIRTH: (- A LIE DRIVER ALSO PO	
D)NRIC/FIN/PASSPORT: C)ADDRESS: *d)DATE OF BIRTH: (- / FEMALE)
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## OCCUPATION: (INDOOR / OUIDOON) ## OCCUPATION: (INDOOR / OUIDOON) ## OF THE INSURED'S COMPANY? (YES / NO) ## NO, RELATIONSHIP OF THE DRIVER WITH INSURED: ## OF THE DRIVER WITH INSURED:		UDD (MAM /YYYY)
f)YEARS OF DRIVING EXPRERIENCE. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: 5. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS. b)ROAD SURFACE: (DRY / WET / OTHERS. 6. WAS ANYBODY INJURED (YES / NO) 7. a)REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: IF YES, PLEASE STATE WHICH POLICE STATION: B) VEHICLE NUMBER: G) VEHICLE NUMBER: C) NRIC/FIN/PASSPORT: CONTACT: HIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: MODEL	AND ATE OF RIPTH: (/ /	the state of the s
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a) VEHICLE NUMBER: GBF 4347 CONTACT: CINCLE b) DRIVER'S NAME: CONTACT: CONTACT: LINCOLE 7. THIRD PARTY VEHICLE d) VEHICLE NUMBER: MODEL: LINCOLE DRIVER'S NAME: CONTACT: (Inches)	*d)DATE OF BIRTH: (E INSURED'S COMPANY? (YES / NO) VER WITH INSURED: Srend AINING / OTHERS ERS ESTATION:
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email = anna myporter@yahoo.com

fax =

waiting police Report









WONG SHOOK FUNG (HUANG SHUFEN)

Race CHINESE Date of birth 17-03-1974 Country of birth SINGAPORE

S7408646D

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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30-07-2004

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