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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 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

	ACCIDENT STATEMENT
Date Of Report	19/02/2018 16:49
Date Of Accident	18/02/2018 15:10
Exact Location Of Accident	5A GHIM MOH RD/GHIM MOH GREEN MSCP DECK 1LOT
Country/State of Loss	SINGAPORE
DO CONTRACTOR OF THE PROPERTY	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ2519R
Insured/Policyholder	
Name Of Registered Owner	SEAH HOCK CHYE LAWRENCE
NRIC No	S0126015D
Email Address	LAWRENCESEAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98527471
Alternative Phone No	OTHERS-98527471
Vehicle Particulars	
Manufecturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	CAR WAS PARKED
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	5077201378-02
Cover Note Number	
Driver	
Name of Driver	SEAH HOCK CHYE LAWRENCE
NRIC No	S0126015D
Date Of Birth	18/09/1953
Occupation	INDOOR
AS FOR ESTABLISHED AND STREET FOR THE	0.4 (0.0) 4 (0.7)

01/08/1975 Date Of Driving Pass

Driving Experience 42 YEARS AND 6 MONTHS

MALE Gender

(LOCAL) +65-98527471 Mobile Number

Fax Number

OTHERS-98527471 Contact Number

LAWRENCESEAH@HOTMAIL.COM EMail Address

Address

BLK 80 STRATHMORE AVENUE

#21_112

Postcode

141080

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

NO

ambulance? Was any other material or property damaged?

NO

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT E/20180218/2057

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

SKETCH PLAN

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 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 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
- 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.

Policyholder's Signature

Date & Time:

Driver's Signature

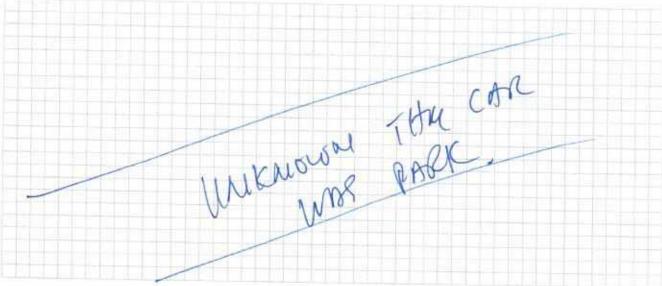
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyhølder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

NRIC/FIN No.:

Reporting Centre Personnel's Signature WAANS
Name:
NRIC/FIN No.:





Report No. E/20180218/2057

POLICE REPORT (NP299)

Police Station Of Origin River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

SIGNATURE

Date/Time Report Made 18/02/2018 22:10	Vide Report No.			Station Diary No		
Name Of Informant SEAH HOCK CHYE LAWRENCE ID Type / ID No. NRIC NO / S0126015D	Address APT BLK 80 STRATHMORE AVENUE #21-112 SINGAPORE 141080 Contact No.					
Nationality SINGAPORE CITIZEN	Home/C					
Occupation Retiree nstitution/School Name	Sex Male	Age 64	Date of Birth 18/09/1953	Race Chinese		
Date/Time Of Incident 18/02/2018 11:30 - 18/02/2018 15:10 Brief details.	Language Location Of Incident 5A GHIM MOH ROAD GHIM MOH GREEN SINGAPORE 273005 Multi-Storey Carpark, Deck 1, Lot 6					

On the 18/02/2018 at about 1130hrs, I parked my vehicle (SKZ2519R, Honda Vezel White) at the above mentioned location. I then left the area with the car intact.

On the 18/02/2018 at about 1510hrs, I returned to the location and discovered there is a black scratch mark at the front right bumper side of my vehicle. There were 2 cars parked between

Signature Of Officer Recording The Report:	re 2 cars parked between my lot at the time.
E / Sgt 2 ABDUL HEEDE BIN ABDUL WAHID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/02/2018 22:10
Officer In-Charge Of Case:	
E / Bukit Timah N.P.C / Staff Sgt SHAHRIZAD BIN SALLEH Contact No.: 64629999	Classification Of Case:
Authentication Stamp	
SINGAPONE SN 069	



2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. E/20180218/2057

(SLM964H, Dark Grey Honda City, Lot 5 and A red car of unknown plate number, Lot 7)

I wish to state that I managed to view my in-car camera and I discovered a black vehicle that parked in reverse on the right side (Lot 5) of my parking lot at about 1300hrs. However, I was not able to retrieve the plate number.

This is the first time such an incident had happened and I have no suspects in mind. There is one CCTV facing my vehicle at the Multi-Storey Car Park. I am lodging this report for my insurance report and police assistance.

Victim		
Person Name	SEAH HOCK CHYE LAWRENCE (Informant)	

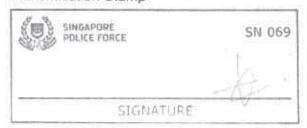
Signature Of Officer Recording The Report:

E / Sgt 2 ABDUL HEEDE BIN ABDUL WAHID

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
E / Bukit Timah N.P.C /
Staff Sgt SHAHRIZAD BIN SALLEH
Contact No.: 64629999

Authentication Stamp





Claim Handling Accident MT/0982708 Policy No. 5077201378-02 Vehicle No. SW22519R GST Registration No. Policyholder Name SEAH HOCK CHYE LAWRENCE Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No.(Mobile) 98523471 Contact Na (Office) Contact No. (Home) Email Address Special Remark KFK No Yes @ No - Yes «Code Reason **NCD Protection** NCD Entitlement(%) Private Hire No Accident Details Report Date 19/02/2018 17:27 Accident Report Within 24 hrs Accident Type Damaged whilst Date of Accident 18/02/2018 Time of Accident hhomm 15-10 Country of Accident Singapore Reporting Centre Orange Force JCM No. Accident Location SA GHIM MOH RO/GHIM MOH GREEN MSCF DECK SLOT **♡** Benefits Coverage Sow Incored Excess Walver 9999999999 Transport Allowance 99999999999 ♥ Excess Own damage Excess 0:00 Additional Excess 0.00 Windscreen Excess Unnamed Driver Excess 0.00 Outside Singapore OD Excess 0.00 Third Party Expess 0.00 Outside Singapore TP Excess · GST Registered Information GST Registered Ne **GST Registration Date** GST Registration No. GST Status Verified Modification History D Policyholder Mailing Address Address 1 BLK 80 #21-112 Address 2 STRATHMORE AVENUE Address 3 Address 4 Address Type Singapure address Post Code Unit No. Related Policy Number 5077201378-02 10 OI Driver Info Onver Name SEAH HOCK CHYE LAWRENCE Driver Type Main Driver Unnamed driver Name Oriver NRIC 501260150 Driver DOS Register Date of Driver License 01/05/1975 Driver Age 64 Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address I 6LK 80 #21-112 Address 2 STRATHMORE AVENUE Address 3 Address 4 Address Type Singapore address saucha: Does he own a Singapore Registered car? Yes (i) No Driver Vehicle No. 98.725198 Driver Insurer Company Declaration Breathalyser or Blood Test 0 mu Any injury? Yes @ No Modification History Claim 001 New Claim Type * ОО-МХ Insured Name SEAH HOOK CHYE LAWRENCE Insured NRIC Contact No. (Mobile) 98527471 Contact No.(Home) 64757552 Contact No. (Office) Email Address lawrencesesh@botmail.com Of Vehicle Number SK22519R TP Vehicle Number Claim Description SKZ2519R / - ON 18 Feb 2018 Name of Preferred Workshop Preferred Workshop Contact Insured Liability * Not at Fault Require Finalisation Preference Repair Option Preferred Warkshop, Name unknown SIA report Date Registered 19/02/2018 17:30 Claim Close Date Date Received Report Taken By ROSLI WAHAB

Save Submit

001

Claim No.

MT/0982708

Print AX letter

Attachment

Accident No.

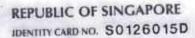
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1. 100	FA Gran M. 1 00 L CL D. C. CO-2
loc	SA Ghim Pul Rocal, Ghim Mah Green (CC273005)
	Multi Stope, Car Park Deck 1
1	DETAILS OF VEHICLE SKE2519 R Lat 6
	OVEHICLE NUMBER
	PINCIPANCE COMPANY: PINC /acome
1.5	OPPOLICY NUMBER: 50 (120188-07)
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	BIMAKE & MODEL: Honda Veze
	() TYPE: (SALOON / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS)
	0) VEHICLE CATEGORY! (PRIVATE / COMMERCIAL / MOTORCYCLE)
	hipurpose of using at accident time: Own use
	1) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
20	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	THEIRED ABOUTCH HOLDER
	AINAME: SPAIN HOCK Ching LAWIETE MALE / FEMALE GOTTATI
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·/	c)ADDRESS!
	* # DATE OF BIRTH: (18/07/1953 (DD/MM/YYYY)
*1	e)OCCUPATION: (INDOOR / OUTDOOR)
-	HATE ACADIVING PACC
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED!
	5. O WEATHER CONDITION: (CLEAR / RAINING / OTHERS
	b) ROAD SURFACE: (DRY / WET / OTHERS
	6. WAS ANYBODY INJURED (YES / NO)
93.	
1.1	IF YES, PLEASE STATE WHICH POLICE STATION!
	8. THIRD PARTY VEHICLE MODEL:
ship of passengia	d) Venice Holmock
(Induding drive) b) DRIVER'S NAME:CONTACT:
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· _ /	9. THIRD PARTY VEHICLE
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email = lownercesealichotorail.com

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SEAH HOCK CHYE LAWRENCE

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CHINESE

18-09-1953 M SINGAPORE





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S0126015D

02-09-1993

APT BLK 80 STRATHMORE AVENUE 821-112 SINGAPORE 0314

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) Postpan ! Class 3 | Instance Core and leater Tree one are weight of which unterled does not excluded 2500 killegram



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5077201378-02

Cover : drivo CLASSIC

1. Index mark and Registration Number of Vehicle

: SKZ2519R

Chassis Number

: RU11106122

2. Name of Policyholder

: SEAH HOCK CHYE LAWRENCE

3. Effective Date of Insurance

: 15 Jan 2018

4. Expiry Date of Insurance

: 14 Jan 2019

Persons or Classes of Persons entitled to drive#

(a) The Policyholder.

(b) Any other person who is driving on the Policyholder's order or with his/her permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these

EXCESS (SECTION 1) : N/A EXCESS (SECTION 2) : N/A WINDSCREEN EXCESS : \$\$100 ADDITIONAL EXCESS : N/A UNNAMED DRIVER EXCESS

REPAIR AT OWNER'S PREFERRED WORKSHOP

: PLEASE REFER OVERLEAF

INSURE WITH COE NCD PROTECTION TRANSPORT ALLOWANCE **EXCESS WAIVER**

: YES : YES (FREE) : YES

: NO

PRIMARY DRIVER NAMED DRIVER (1)

: SEAH HOCK CHYE LAWRENCE

NAMED DRIVER (2)

: SIM SIEW HONG JULIA : N/A

HIRE PURCHASE COMPANY

: UNITED OVERSEAS BANK LIMITED

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency

: KHOO BOK LIAN (00000535342)

Date of Issue

: 18 Dec 2017 21:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Authorised Officer

Chief Executive