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 <u>truthful and accurate</u> 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 aforesaid

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	ACCIDENT STATEMENT
Date Of Report	06/03/2018 13:11
Date Of Accident	22/01/2018 15:30
Exact Location Of Accident	JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF4873X
Insured/Policyholder	
Name Of Registered Owner	LEE SAMUEL
NRIC No	S8718987B
Email Address	LEESAMUEL1188@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88000891
Alternative Phone No	OTHERS-88000891
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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?	YES
If No, Please state action to be taken	
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	5097437669
Cover Note Number	
Driver	
Name of Driver	LEE CAMUEL

 Name of Driver
 LEE SAMUEL

 NRIC No
 \$8718987B

 Date Of Birth
 03/07/1987

 Occupation
 INDOOR

 Date Of Driving Pass
 14/09/2015

Driving Experience 2 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88000891

Fax Number

Contact Number OTHERS-88000891

EMail Address LEESAMUEL1188@GMAIL.COM

BLK 102 JURONG EAST STREET 13 Address

#07-136

Postcode 600102

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

FIRE, EXPLOSION OR LIGHTNING Type Of Accident

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?

NO

NO

YES

1

NO Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name **EUNOS NEIGHBOURHOOD POLICE POST**

ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620, POSTCODE: Police Station Address

470629, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4439999 - FAX NO: 62444376

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180306/2067

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO Was there any audio recorded? NO

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
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- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
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- 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.

1

Policyholder's Signature Date & Time: 7

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2

	JURONG	CANAL DRIVE	
		Cai A - Fire	1
		A - fire	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	×/	
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9/9			
9/5			
2/5			
8/19			
2/5			
Q\5			
8/9			
Q\5			
	iculars are true in every respect.		
	iculars are true in every respect.	\.·· 6 3 2	013
1	Driver's Signature (if driver is not the policyholder)	Reporting Centre Personnel's Signature Name:	000





Police Station Of Origin: Euros NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 Report No. T/20180306/2067

CONTINUATION OF REPORT

Driver						
Name	LEE SAMUEL		ID No		S8718987B	
Related Vehicle	SJF4873X (Car)			Conta	ct No.	88000891
Hospital/Clinic	NIL		Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

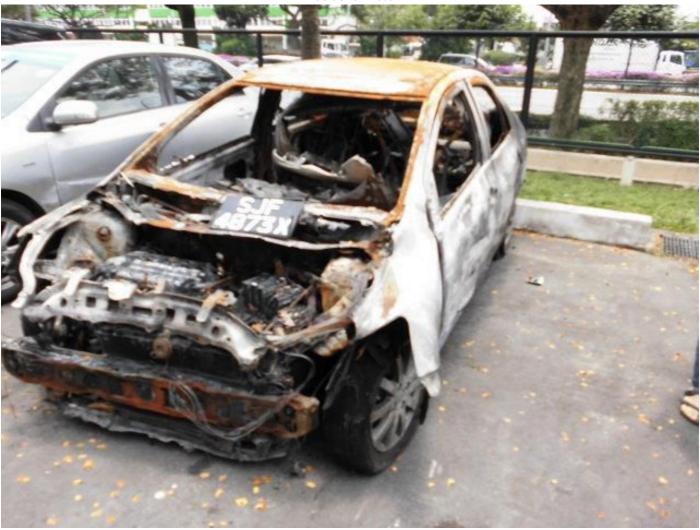
Brief Details.

On 22/01/2018 at about 3.30pm I just exited PIE and going towards Jurong Canal Drive. At that point of time, I was on the right lane. Out of a sudden my car (SJF4873X) caught fire. The fire came from the front and I am not sure what happen. I then exited the car. Police was called in vide incident number D/20180122/2099.

I wished to state that I have been driving this car for about 1 week. I bought this car on 15/01/2018. I am not sure what actually happened.











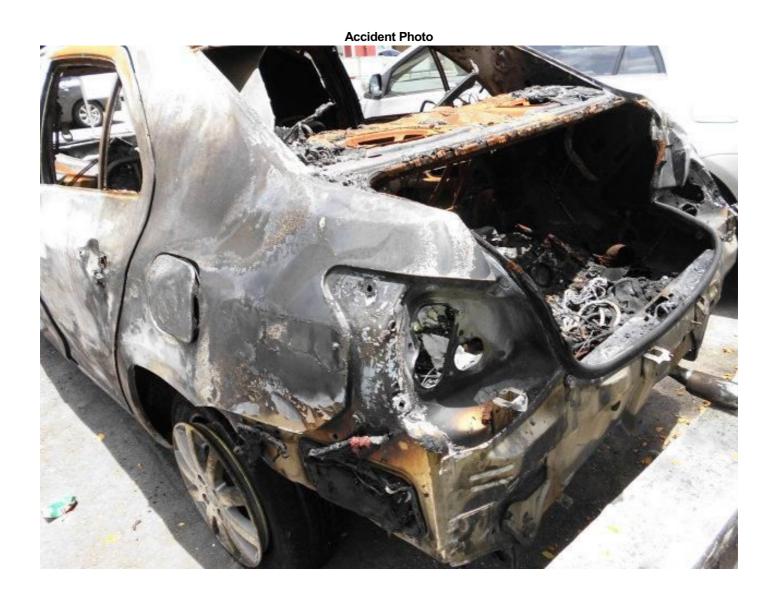




















Police Report





Police Station Of Origin:

Eunos NPP

629 Bedok Reservoir Road #01-1620

SINGAPORE 470629 Tel No: 1800-4439999 1 of 3

Report No. T/20180306/2067

Date/Time Report Made:

Vide Report No.: Station Diary No.: 8

06/03/2018 12:33 Informant's Particulars Name of Informant: APT BLK 102 JURONG EAST STREET 13 #07-136 LEE SAMUEL SINGAPORE 600102 Contact No.; ID Type / ID No .: Mobile: 88000891 Home/Office: NRIC NO / S8718987B Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Sex: Age: Driver 03/07/1987 Male 30 Institution / School Name: Language: Race: Chinese Driving Licence Information: Occupation: Date of Expiry: Class: 2B,2A,2,3 SERVICE SUPERVISOR

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 22/01/2018 15:30	Type of Location	
Location: Along Road 1 JURONG CA	I NAL DRIVE	Road Surface:	,	Road Speed Limit:	
Weather: Clear		.Dry			
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Colli	sion: AUGHT FIRE			Anyone conveyed by ambulance:	

Details of V	eurcie iuvo	Ived	Mark Control		I O and distant	No of Descende
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
SJF4873X	Car	TOYOTA	VIOS	Beige	Caught	0

Details of Person Involved	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE PARTY OF TH
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999

Report No. T/20180306/2067

CONTINUATION OF REPORT

Driver	No. of the Law of the			al Spinish	100	
Name	LEE SAMUEL		ID No		S8718987B	
Related Vehicle	SJF4873X (Car)		Conta	ct No.	88000891	
Hospital/Clinic	NIL ,		Class Drivin Licend Expiry	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days granted Medical Leave NIL			Degree of	Injury	NIL	

Brief Details.

On 22/01/2018 at about 3.30pm I just exited PIE and going towards Jurong Canal Drive. At that point of time, I was on the right lane. Out of a sudden my car (SJF4873X) caught fire. The fire came from the front and I am not sure what happen. I then exited the car. Police was called in vide incident number D/20180122/2099.

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Police Report





Police Station Of Origin: Eunos NPP 629 Bedok Reservoir Road #01-1620 SINGAPORE 470629 Tel No: 1800-4439999 3 of 3 Report No. T/20180306/2067

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the <u>report number</u> as reference.

Signature Of Officer Recording The Report: G / Sr Staff Sgt ABDUL RAHMAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 06/03/2018 12:33
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	POLICE FORCE