

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 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	17/04/2018 12:08
Date Of Accident	15/04/2018 16:50
Exact Location Of Accident	JUNCTION OF NASSIM ROAD AND CLUNY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG1728K
Insured/Policyholder	
Name Of Registered Owner	BELL EMILIE LOUISE
NRIC No	G5992638T
Email Address	EMILIE.MUIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90080253
Alternative Phone No	OTHERS-90080253

Vehicle Particulars

Manufacturer	BMW
Model	5 SERIES
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?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5087793347
Cover Note Number	

Driver

Name of Driver	BELL EMILIE LOUISE
NRIC No	G5992638T
Date Of Birth	12/03/1983
Occupation	INDOOR
Date Of Driving Pass	08/11/2010
Driving Experience	7 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90080253
Fax Number	
Contact Number	OTHERS-90080253
Email Address	EMILIE.MUIR@GMAIL.COM

Address	127 HILLCREST ROAD
Postcode	287541
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	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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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 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	SJV8366H
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN WEE LEE
NRIC/Passport Number	
Contact Number	97928267
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.
- (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.

17/04/2018

Policyholder's Signature
Date & Time:

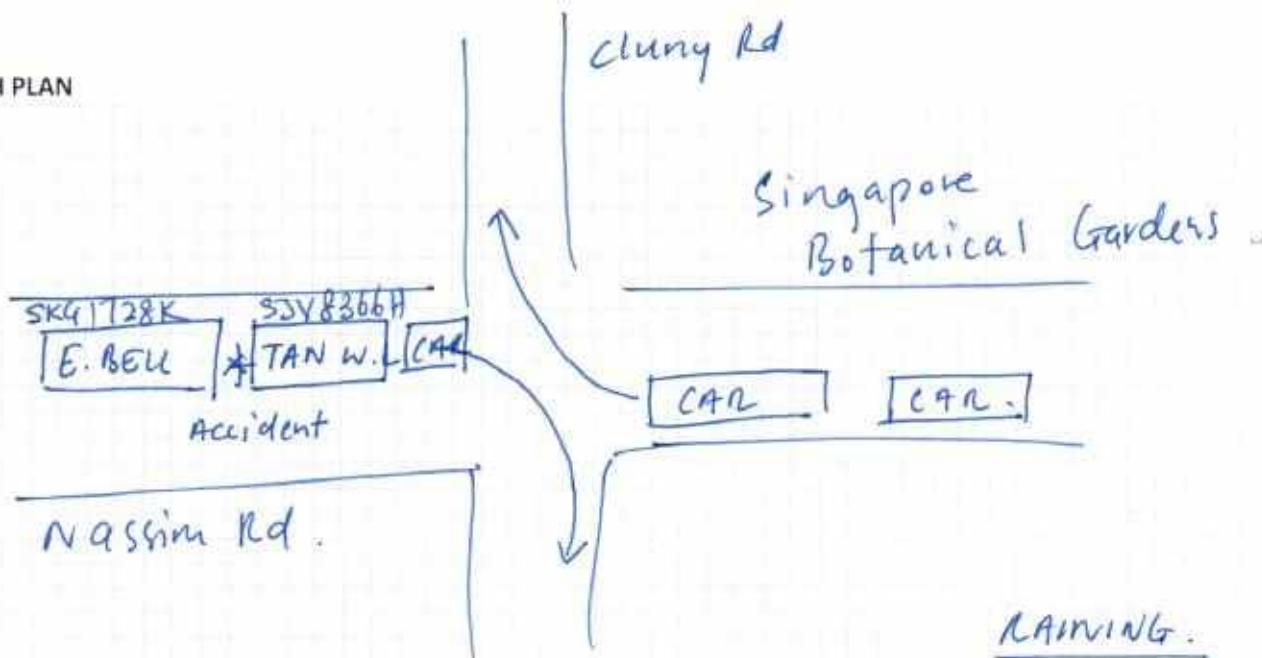
Emilia Bell

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

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

16/04/2018
Rashid Muttiah

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Turning right at the junction of Nassim and Cluny Rd
- Lights turned green (not for long), then orange/red, and green arrow appeared to turn right.
- Cars giving way, lots of "honking"
- Stop, start, stop, start of cars
- Ran into the back of Mr. TAN wee LEE.

- * Raining, wet roads.

DECLARATION

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

Gunter Bell

17/04/2018.

Policyholder's Signature: _____
Date & Time: _____

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

16/04/2018
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]

rsbm

From: Theresa Vimala <thrsvim.bala@income.com.sg>
Sent: Tuesday, 17 April, 2018 2:28 PM
To: 'rsbm'; ODsupport
Subject: RE: MT/0990718 SKG1728K

Pse quote this claim nbr when billing invoice MT/0990718-001

With Regards

Theresa Vimala
Snr Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg



From: rsbm [<mailto:rsbm@lkkauto.com>]
Sent: Tuesday, April 17, 2018 2:22 PM
To: ODsupport <ODsupport@income.com.sg>
Cc: Theresa Vimala <thrsvim.bala@income.com.sg>
Subject: MT/0990718 SKG1728K

Hi the above mention claim could not create ebao thanks

Thanks & Best Regards,
ROSLI WAHAB
NACS Bukit Merah
Tel: 6898 0055
Fax: 6271 8802
Email: rsbm@lkkauto.com

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

ACCIDENT STATEMENT

ACCIDENT DATE: 15/4/2018 (DD/MM/YYYY), TIME: 16:50 ^{PM} (HH:MM)

LOCATION: JUNCTION OF NASSIM CLUNY RD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SKG1728K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5087793347
 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
 e) MAKE & MODEL: BMW 5 SERIES
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
 h) PURPOSE OF USING AT ACCIDENT TIME: PERSONAL
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: EMILIE BELL (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G5992638T CONTACT: 9008 0253
 c) ADDRESS: 127 HILLCREST RD
SINGAPORE 287541

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: AS ABOVE. (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
 c) ADDRESS: _____

* d) DATE OF BIRTH: 12/03/1983 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 02/4/2010

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/NO) owner
 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: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: STV8366H MODEL: BMW
 b) DRIVER'S NAME: TAN WEE LEE
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 97928267

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
 e) DRIVER'S NAME: _____
 f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

Email = emilie.muir@gmail.com

fax =

VIDEO =

EMPLOYMENT PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
NMG FINANCIAL SERVICES CONSULTING PTE LTD

Name:
BELL EMILIE LOUISE

Occupation:
MANAGER, MARKETING

FIN:
G5992638T

Date of Application:
23-10-2017

Date of Issue:
08-11-2017

Date of Expiry:
19-01-2020

L8435701

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5992638T**

Name: **BELL EMILIE LOUISE**

Birth Date: **12 Mar 1983**

Issue Date: **08 Nov 2010**

Valid Till: **07 Nov 2015**

001908964H

VISIT PASS
Immigration Regulations

Name:
BELL EMILIE LOUISE

Date of Birth: **12-03-1983** Sex: **F** Nationality: **AUSTRALIAN**

FIN: **G5992638T** Date of Issue: **08-11-2017** Date of Expiry: **19-01-2020**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

EFFECTIVE DATE

Class **1** Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg **08 Nov 2010**

Licence No: **G5992638T**

KP 428A

Hello, NAC_BUKIT_MERAH_800676

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Policy Query

Policy No.

Date of Accident

15/04/2018 09:18

Vehicle No.(For Motor)

SKG1728K

Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5087793347	BELL EMILIE LOUISE	G5992638T	GPC	drive CLASSIC	SKG1728K	SKG1728K	03/02/2017	18/06/2018