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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 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.

Any false reporting may be referred to the Police for investigation.

- 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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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

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SKG1728K /

Insured/Policyholder

Country/State of Loss

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 Date Of Birth G5992638T

Date Of Birth Occupation 12/03/1983 INDOOR

Date Of Driving Pass Driving Experience 08/11/2010

Duving 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

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

3

Insurance Company of Driver's Own Vehicle

35

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)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

4

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

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.
- 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>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.

Policyholder's Signature

Date & Time:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name

NEIC/FIN NO

Date & Time:

Cluny Rd

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 5nr Administrator Motor Insurance 7+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.

| | AC | CIDENT STATEMEN | Pny |
|--------------------|---|---|------------------------|
| ACCID | ENT DATE: 15, 4, 2 | 20/8/IDD/MM/YYYY), TIN | NE: (6 : 50) (HH:MM) |
| | -T | OF MASSIM | CLUNY RD |
| LOCAT | ION: JUNCTION | OF NASSIM | CC TO T AV |
| 1. | DETAILS OF VEHICLE a) VEHICLE NUMBER: | SKG1728K | |
| | b)INSURANCE COMPAN | NTUC | |
| (4) | STROLLOY MILMBER! 50 | 27793347 | |
| | d)POLICY TYPE: (COMPR D)MAKE & MODEL: H)TYPE: (SALOON) COUPL D) VEHICLE CATEGORY (F H)PURPOSE OF USING AT HARE YOU CLAIMING UN | EHENSIVE / THIRD PARTY / BMW 5 SEAL /MPV /VAN / LORRY / N RIVATO / COMMERCIAL / ACCIDENT TIME: PE | CE (YES/NO) |
| (49) | INSURED / POLICY HOLDS | P | |
| 4 | A)NAME: EMI | IL BELL | MALE (FEMALE) |
| | CIADDRESS: 127 | HILLCREST R | 0 |
| | SING | TAPORE 487 | 541 |
| 7/ | · CONTINUE TO 3.4 IF DR | VER ALSO POLICY HOLDE | R |
| \$ No of passangs | DRIVER AS | ABOVE. | (MALE / FEMALE) |
| (Including driver) | GHAWIE! | | CONTACT: |
| (7) | bjNRIC/FIN/PASSPORT:_ cjAddress: | | |
| | e JOCCUPATION: (INDOC | 10c mot 101000 | |
| 4, | WAS DRIVER AN EMPLO | OYEE OF THE INSURED'S | SURED: (YES / NO) |
| | TE MOVER ATTOMSMIRE | CLEAR RAINING / OTH | 100.110 |
| 5. | b)ROAD SURFACE: (DRY | WED OTHERS | • |
| 1 | WAS ANYBODY INJURED | (YES (NO) | 170 |
| 7. | G) REPORTED TO POLICE IF YES, PLEASE STATE W | (YES (NO) | 12 |
| 8. | THE PARTY VEHICLE | | MODEL: BMW |
| the of passenger | a) VEHICLE NUMBER: | 50V836611 | MODEL: BMM |
| Induction direct) | b) DRIVER'S NAME: | HIV WEELEE | CONTACT: 97928267 |
| 1 1 1 | a) NRIC/FIN/PASSPORT | | 00,,,,,, |
| 9. | THIRD PARTY VEHICLE | | MODEL: |
| tiple of paisonger | d) VEHICLE NUMBER: | | Total Control |
| | | | |
| (Industry driver | I NRIC/FIN/PASSPORT | | CONTACTI |

email = emilie. muir@gmail.com



EMPLOYMENT PASS

Employment of Foreign Manpower Aut (Chapter 91A) Republic of Singapore

NMG FINANCIAL SERVICES CONSULTING PTE LTD



BELL EMILIE LOUISE MANAGER, MARKETING

23-10-2017

08-11-2017 19-01-2020

18435701



VISIT PASS Immigration Regulations

BELL EMILIE LOUISE



12-03-1983 F

G5992638T 08-11-2017

Chare of leave

AUSTHALIAN

19-01-2020

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES'

EFFECTIVE DATE

Class 2 Motor Cars=< 3000kg with =<7 passengers, exclusive 08 Nov 2010 of the driver; and other motor vehicles =< 2500kg

Licence No: G5992538T

NP 428A



Private & Confidential

BELL EMILIE LOUISE

BLK 127 HILLCREST ROAD UNIT 05-03 HILLCREST PARK SINGAPORE 288997 TRA SING 10, UBI A. SINGAPORE Tel: 65470000

www.police.gov.sg

You will receive your photocard driving licence by registered post within 10 to 14 working days from the date of application unless you made a special request to collect at Traffic Police at the time of application

You can drive while awaiting the delivery of your photocard driving licence

Please turn overleaf for important notes.

G5992638T

C001363731

\$504

(Please do not detach)

YOU CAN DRIVE WHILE AWAITING THE DELIVERY OF YOUR PHOTOCARD

DOUBLECANOR

STRANS

| eBaoTech | | | | | | | | | Gene | ralClaim |
|------------------------|----------|----------------|-----------------------|----------------------|---------|---------------|----------------|-------------------|------------------|--------------|
| Hello, NAC_BUKIT_MERAH | _800676 | | | | | 5.0 | Change Lan | guage | · Change Passwor | rd , Log Out |
| My Desktop | Polic | cy Query | | | | | | | | , |
| Notice of Loss | Policy N | io. | | | | Date of Acc | | 15/0 | 4/2018 09:18 | |
| | Vehicle | No.(For Motor) | SKG1728K | | | | | | | |
| | | | | | | Search | | | | |
| | Select | Policy No. | Policyholder Name | Policyholder NRIC | Product | Cover Type | Vehicle No. | Insured Object | Commence Date | Expiry Date |
| | ō. | 5087793347 | BELL EMILIE LOUISE | G5992638T | GPC | drivo CLASSIC | SKG1728K | SKG1728 | K 03/02/2017 | 18/06/2018 |
| | | | | | | Paratistani. | | | | |