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.
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	08/05/2018 10:48
Date Of Accident	07/05/2018 17:50
Exact Location Of Accident	SIME ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SJL6942K
Insured/Policyholder	
Name Of Registered Owner	LYE SIONG FONG
NRIC No	S0767552F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96190089
Alternative Phone No	OFFICE-96190089
Vehicle Particulars	
Manufacturer	TOYOTA
Model	LEXUS GS300 AUTO
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	5076107791-02
Cover Note Number	-
Driver	
Name of Driver	LYE SIONG FONG
NRIC No	S0767552F
Date Of Birth	15/02/1939
Occupation	INDOOR
Date Of Driving Pass	26/11/1958
Driving Experience	59 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96190089
Fax Number	
Contact Number	OFFICE-96190089
EMail Address	NOEMAIL

Address	1 PEARL BANK #04-07
Postcode	169016
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 - MAJOR/MINOR RD
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

I WAS TURNING OUT FROM THE CARPARK OF THE SINGAPORE ISLAND COUNTRY CLUB TO THE SIME RD, WHILE TURNING RIGHT, I ACCIDENTALLY HIT ONTO VEH B (BEARING NO SJK5172C) RIGHT HAND SIDE.REMARK: NUMBER PLATE HAVE BEEN CHANGE, LATEST CAR PLATE NUMBER SHOULD BE SLZ3513M. PLEASE REFER TO LTA LETTER.

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	SJK5172C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

1. Please report **correctly** the details of the accident to speed up the claims process.
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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

   (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.

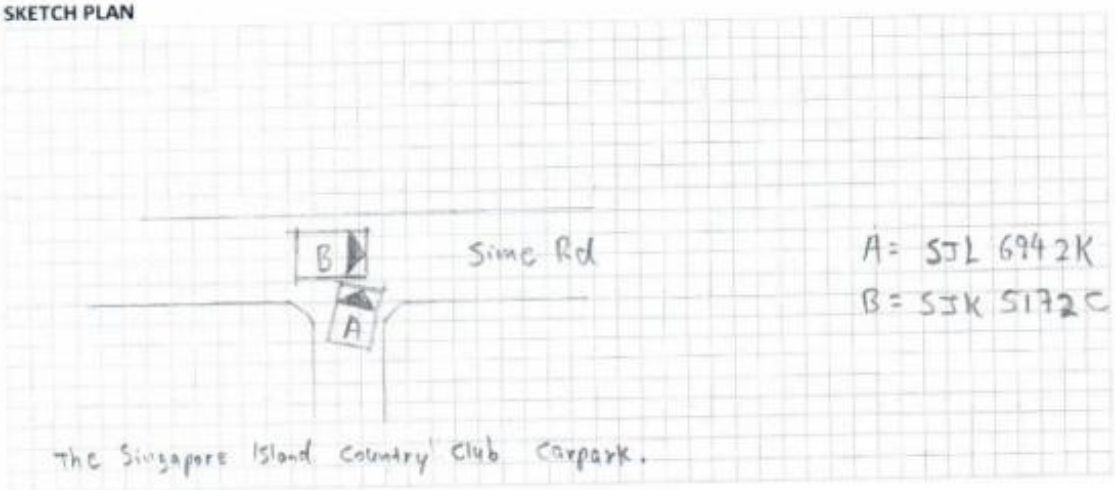
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

DECLARATION

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

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.:

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

Our ref 2704180203N056042264

27 Apr 2018

LYE SIONG FONG
1 PEARL BANK
#04-07
SINGAPORE 169016

Dear MR LYE SIONG FONG

NOTIFICATION ON SUCCESSFUL RETENTION OF REGISTERED VEHICLE REGISTRATION NO. SJL6942K

You may be pleased to know that your application of 27 Apr 2018 to retain vehicle registration number SJL6942K is approved.

2. The details of the application are as follows:

Business Transaction Ref. No.	: 20180427155602781407
Vehicle Registration Number Retained	: SJL6942K
Retention Fee Paid	: $100.00
Vehicle Make	: TOYOTA
Vehicle Model	: LEXUS GS300 AUTO
Chassis No.	: JTHBH96S305062413
Engine No./ Motor No.	: 3GR0249843 / -
New/Replacement Registration Number Assigned to Above Vehicle	: SLZ3513M

3. Please note that:

a. As the application is approved, it cannot be cancelled. The retained vehicle registration number is non-transferable and the retention fee is non-refundable.

b. The retained vehicle registration number has to be used within 14 days (i.e. by 10 May 2018). Otherwise, an additional $1,200 will be payable and the validity of use will be extended to 12 months from the date of retention (i.e. 26 Apr 2019). If you cannot use the retained number by 26 Apr 2019, you may apply to extend the validity period for a further 6 months, subject to payment of an extension fee of $1,000.00 and a service charge of $30.00 (before GST).

c. There is no refund of the retention fee and any extension fee paid if the retained vehicle registration number is not used within its validity period.

d. As the registered owner of the retained vehicle registration number, you may:

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA 1180597 42 Vehicle Registration No: SJL 6942K

Name(as shown in NRIC) : LYE SIONG FONG NRIC/FIN/Passport No : S 0767552F

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore( )

Contact (Tel) : _____ Mobile No. : _____

Email Address : _____

Date of Accident : 7/5/18 Time of Accident : 17:50.

Place of Accident : Sime Rd

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

* Amend Revert from OD claim to Reporting Only

* Amend car plate number to SLZ 3513M instead of SJL 6942K. Attached is the LTA Letter for changing car plate number.

Policyholder / Driver's Signature
Date: 8/5/2018

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: 8/5/18.

Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
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Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA1180597Y2-01 Vehicle Registration No: SJL6942K

Name(as shown in NRIC) : Lye Siong Fong NRIC/FIN/Passport No : S6767552F

(*~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate

Address : 1 Pearl Bank #04-07 Singapore(169016)

Contact (Tel) : Mobile No. : 96190089

Email Address :

Date of Accident : 7/5/18 Time of Accident : 17:50

Place of Accident : Sims Road

Insurance Company : NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

1. Amend vehicle registration number (SJL6942K)

Policyholder / Driver's Signature
Date:

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