

## 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             | 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 | SLZ3513M             |
| <b>Insured/Policyholder</b> |                      |
| 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           |

## Accident Sketch Plan

### SKETCH PLAN

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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
- (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.

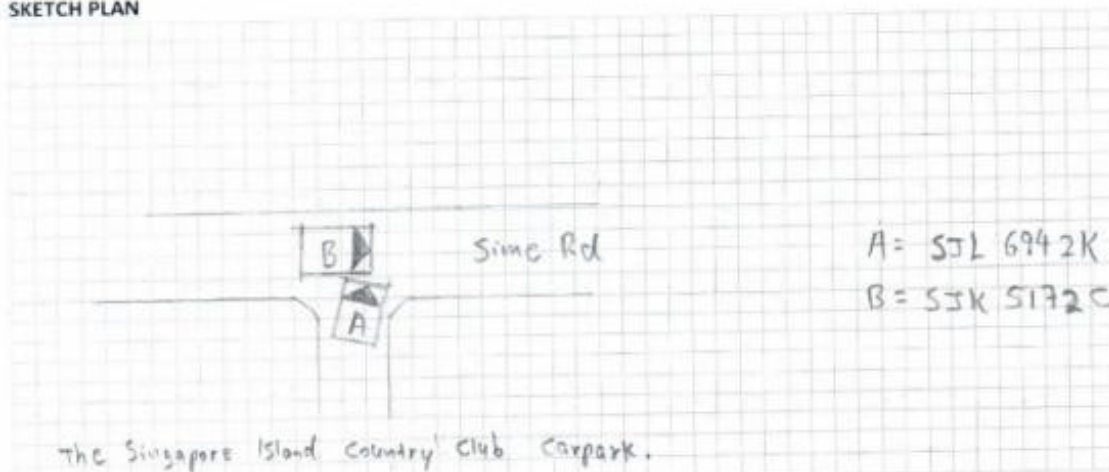
Policyholder's Signature  
Date & Time:

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.:

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

0000075



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<br>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: S66550020G / 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 118-059742 Vehicle Registration No: SJL 6942K  
Name (as shown in NRIC) : LYE SIONG PONG 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 : MTUC

#### (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.