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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number EMail Address

- 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.

oresaid.	
12年1月19日 11年1日	ACCIDENT STATEMENT
ate Of Report	08/05/2018:14:24
ate Of Accident	08/05/2018 07:50
xact Location Of Accident	SLIP RD AT COMMONWEALTH AVE WEST TO CLEMENTI AVE 4
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
ehicle Registration Number	SFF3201P
nsured/Policyholder	
lame Of Registered Owner	SEET LIN TZE(XUE LINGZHI)
IRIC No	S7347508B
mail Address	SEETLT@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96286718
Alternative Phone No	OTHERS-96286718
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH-1.8 (A)
exact Purpose for which vehicle was being used at time of accident	t ON THE WAY TO WORK
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No. Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE CAR
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5039896613-08
Cover Note Number	
Driver	
Name of Driver	SEET LIN TZE(XUE LINGZHI)
NRIC No	S7347508B
Date Of Birth	12/12/1973
Occupation	INDOOR
Date Of Driving Pass	30/11/1992
Driving Experience	25 YEARS AND 5 MONTHS
**************************************	10 121110 11110
Gender	FEMALE

OTHERS-96286718

SEETLT@YAHOO.COM

Address

121 HILLCREST ROAD

Postcode

288990

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)

NO

soliciting/offering accident claims assistance.

- 00

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

SKD5918T

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

DELSON

NRIC/Passport Number

Contact Number

98232317

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

40

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.
- 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 liability.
- 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.
- 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)
 - (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.
- 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

Driver's Signature (If driver is not the policyholder)

Date & Time:

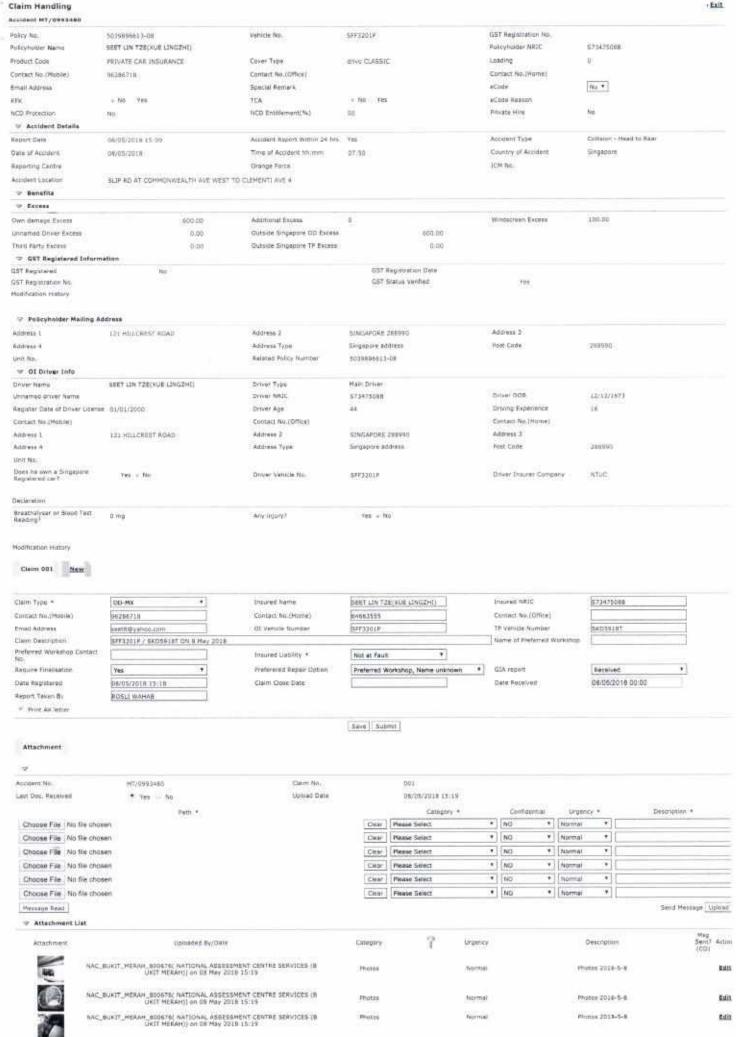
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: XXXXII WAHAB

OLIMINAN AVR 4	
A) SFF 3701P SNO 5918T	Commonwhere
ESCRIBE CIRCUMSTANCES OF THE ACCIDENT	of low Commonwal
I was filtering out of slip he	when I head
Avenue West into Clementi the 4 a bang at the back of my car	
I pulled over to the side of car SKD 5918T the behind my a had damage to his front town headlight. The driver Mr Dels was the driver who hit my can	per & left on confined he
DECLARATION	
I/We declare the foregoing particulars are true in every respect.	(shot sold

Policyholder's Signature

Date & Time: 87418

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:
NRIC/FIN No.: KOSA WAY



	Uploaded By/Date	Folder Date	File Name	7	Source	Action
➤ Videu List						
NO.	MAIL_BUNIT_MERAH_BOOGTE UNIT ME	IC NATIONAL ASSESSMENT CENTRE SERVICES (B. RAHI) on 05 May 2018 15:18	SHEC! Driving License	Normal	NRIC/ Driving Limited 2018-5-8	Edit
62	CHIT ME	(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on OR May 2218 15:18	545	Sportui	5A5.2018-5-8	Edit
53		(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on SS May 2018 15-18	Photos	Normal	PHIOTOS-2018-5-8	Edit
32		(NATIONAL ASSESSMENT CENTRE SERVICES (B RAPT) IN DE MAY 2018 15:18	Photos	Normal	Photos 3019-5-8	ton
		(NATIONAL ASSESSMENT CENTRE SERVICES (B RAH)) on OH May 2018 15 LU	Photos	harmat	Photos 2018-5-6	Edit
	NAC_BURIT_MERAH_800676 DRIT MER	(NATIONAL ASSESSMENT CENTRE SERVICES (B RATI) on DE May 2018 13:18	Photos	Normal	Finance 2018-5-9	£dit
113	UKIT MAI	(NATIONAL ASSESSMENT CENTRE SERVICES (B VART)) on 08 May 2018 15:18	Photos	Normal	Photos 2019-5-9	Edit
in .	NAC_BUKIT_MERAN_980676 UNIT MER	(NATIONAL ASSESSMENT CENTRE SERVICES (S RANS) on OR May 2018 15:18	Protos	Normal	Photos 2018-5-8	ton
		(NATIONAL ASSESSMENT CENTRE SERVICES (B. AHI) on 08 May 2018 15:18	Photos	hornal	Protos 2016-5-6	Kan
-		(NATIONAL ASSESSMENT CENTRE BERVICES (B. AMI) on 08 May 2018 15:18	Photos	Normal	Photos 2018-5-8	£dit
3		(NATIONAL ASSESSMENT CENTRE SERVICES (B. AH)) on 08 May 2018 15:18	Photos	Worman	Protes 2018-5-8	Edit
		NATIONAL ASSESSMENT CENTRE SERVICES (B AM)) or 26 May 2018 18:18	Photos	Normal	Proces 2018-5-8	Edit
			(42)	93 E		

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ACCIDENT STATEMENT

ACCI	DENT DATE: 8/5/2018)	(DD/MM/YYYY), TIME:(7:50)(HH:MM)	
1004		Commonwealth thre West to	D
TOCA	HOW THE LOCAL GRANT	Generiti Ave 4	
	DETAILS OF VEHICLE	A CONTRACTOR OF THE PARTY OF TH	
W. 373	a) VEHICLE NUMBER:ST	F3201P	
	DINSURANCE COMPANY:	NTUC	
	CIPOLICY NUMBER: 503	9896613-08	
		VE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	BIMAKE & MODEL: TOYOTA	WISH 1.8	
	HTYPE ISALOON / COUPE / MPV	/VAN / LORRY / MOTORCYCLE / OTHERS)	
	GIVEHICLE CATEGORY: (PRIVALE	/ COMMERCIAL / MOTORCYCLE)	
	hipurpose of using at accid	ENTTIME: on way to work	
	HARE YOU CLAIMING UNDER YO	OUP OWN INSURANCE PES (10)	
	IF NO, PLEASE STATE (THIRD PAR		
2	INSURED / POLICY HOLDER		
	AINAME SEET LIN	TZE [MALE / FEMALE]	3
	BINRIC/FIN/PASSPORT: S73	347508B CONTACT: 96286718	
	C) ADDRESS: 121 HILLCA	LEST ROAD	
	5(2889	190)	
1	CONTINUE TO 3.4 IF DRIVER AL	SO POLICY HOLDER	
Who of passion yas	DRIVER AS ABOVE	50000 Va 200 11450000 400	
(Including elvivar)	alwwe:		
/ 1 3	DJINKIC/FIN/F MOSF CATI	CONTACTI	
()	c)AUDRESS:		
	12.12.	1973	
11	d) DATE OF BIRTH: (12 12)		
	FIDATE OF BRIVING PASS	1992	
N N	UNITED OF DRIVING MASS	F THE INSURED'S COMPANY? (YES (NO)	3
73.0	TE NO RELATIONSHIP OF THE	DRIVER WITH INSURED: OWNER	
5	DIWEATHER CONDITION (CEAB	PAINING / OTHERS	
W1.	BIRGAD SURFACE: ORY WET /		
6.	WASANYBODY INJURED (YES /		
7.	a REPORTED TO POLICE (YES / N	0)	
	IF YES, PLEASE STATE WHICH PC	DUCE STATION:	
8.	THIRD PARTY VEHICLE	TO LOT	
But the Millianger	a) VEHICLE NUMBER: SKD	59181 MODEL:	
e healthclass started	b) DRIVER'S NAME: DELS	SON 9033731	7
100	c) NRIC/FIN/PASSPORT:	CONTACT: 9823251	(5)
	THIRD PARTY VEHICLE	ATTAINED! USA	
fire it stillings	d) VEHICLE NUMBER:	MODEL:	
		20.17/07	
Fire - Trail Service	f) NRIC/FIN/PASSPORT:	CONTACT:	
	W		

Pax =

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7347508B





SEET LIN TZE (XUE LINGZHI)

薛灵芝

CHINESE Date of Bern 12-12-1973

Country of Birth SINGAPORE







SEET LIN TZE (XUE LINGZHI)

Buth Date: 12 Dec 1973 Date 05 Nov 2003



1839520



ac 4 S7347508B



Desired Grove Date of wave

As -20-03-1994

121 HILLCREST ROAD SINGAPORE 288990 NRIC No: \$23475088

Detw: 05-11-2001 (R) No. 4139115

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Motor Cars and Motor Tractors the weight of which unlader does not exceed 2500 kilograms

30 Nov 1992

NP 428A



, eBaoTech									Gene	ralClaim
Hello, NAC_BUKIT_MERAH	_800676					303	Change Lan	guage	· Change Passwor	d • Log Out
My Desktop	Polic	cy Query								()
Notice of Loss	Policy N	io.				Date of Acc	ident.	08/05	5/2018 12:06	
	Vehicle	No.(For Motor)	SFF3201P							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5039896613- 08	SEET LIN TZE(XUÉ LINGZHI)	57347508B	GPC	drivo CLASSIC	SFF3201P	SFF3201P	18/11/2017	17/11/2018
					Ш	Continue				