

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	11/05/2018 14:09
Date Of Accident	10/05/2018 08:15
Exact Location Of Accident	UPPER BUKIT TIMAH RD(NEAR TO BUKIT TIMAH PLAZA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJX8067K
Insured/Policyholder	
Name Of Registered Owner	SHAUN MATTHEW MURRAY
NRIC No	G5395247Q
Email Address	NATALIELMURRAY@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-90663195
Alternative Phone No	OTHERS-90663185

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO 2.4 AT ABS D/AB 2WD 5DR HID SR
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO SCHOOL (PRIVATE USE)
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
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	5095112481
Cover Note Number	

Driver

Name of Driver	MURRAY NATALIE LOUISE
NRIC No	G5395308K
Date Of Birth	07/03/1977
Occupation	INDOOR
Date Of Driving Pass	29/01/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90663195
Fax Number	
Contact Number	OTHERS-90663185
EMail Address	NATALIELMURRAY@ICLOUD.COM

Address	15 GREENWOOD CRESCENT
Postcode	286981
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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)	3
Passenger 1	NAME: : SON GENDER: : MALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

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

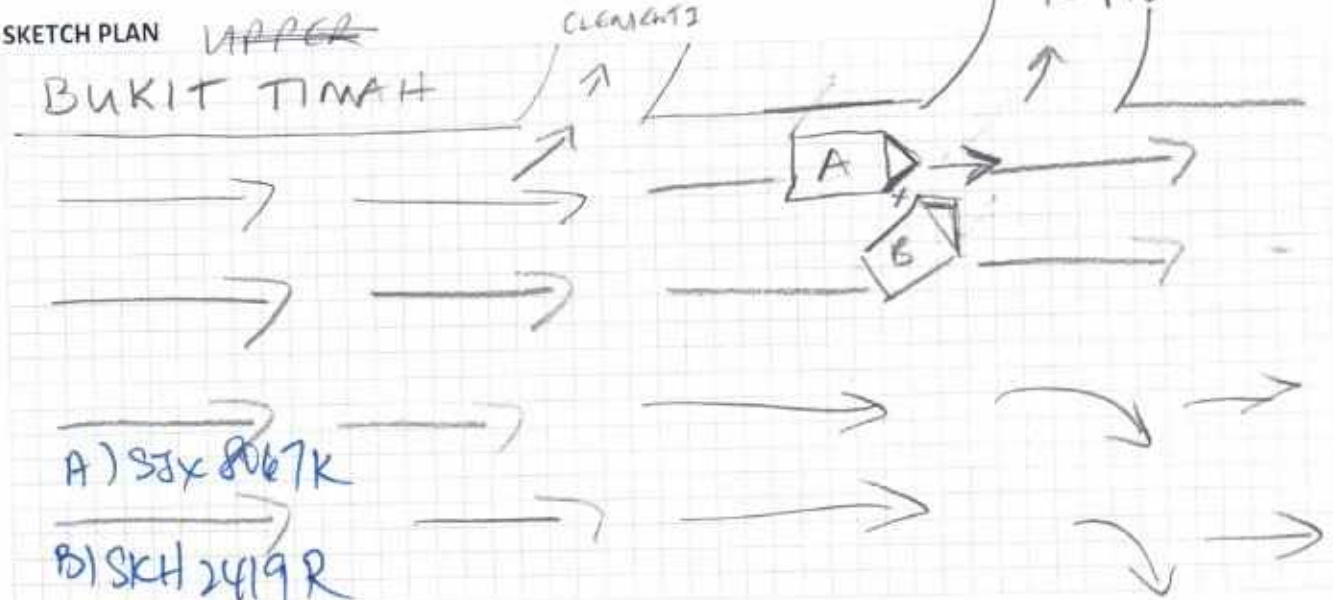
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKH2419R
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CECILIA TAN
NRIC/Passport Number	
Contact Number	98308256
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CAR A:
DRIVING STRAIGHT ALONG BUKIT TIMAH ROAD
UP TOWARDS BEAUTY WORLD WHEN CAR B
DROVE TURNED INTO MY LANE FROM AN OUTER
LANE AND HIT THE FRONT RIGHT OF MY
CAR AT THE ENTRANCE TO THE PIE SLIP
ROAD.
CAR A WAS DRIVING STRAIGHT AND
WAS HIT ON THE RIGHT HAND CORNER.
DRIVER OF CAR B SAID SHE 'THOUGHT
I WAS TURNING LEFT' BUT ADMITTED IT
WAS HER FAULT AS SHE HAD TRIED TO
TURN INTO PIE SLIP ROAD FROM AN
OUTER LANE.
AT NO POINT HAD DRIVER IN CAR A (ME)
INDICATED LEFT.
INITIALLY OFFERED BY CAR B TO DO A
PRIVATE SETTLEMENT IN WHICH SHE AGREED
INITIALLY TO PAY DAMAGES BUT HER SUBSEQUENT
DEMANDS CONCERNING THE AMOUNT OF DAMAGES
(QUOTED AT \$350) AND REQUESTS FOR A PHOTO POST REPAIR

DECLARATION

I/We declare the foregoing particulars are true in every respect. PLUS A COPY OF WORKSHOP INVOICE BECAME UNREASONABLE.

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.:

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.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 2 pm

11/5/2018

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

Claim Handling

Accident MT/0992954

Policy No.	5095112481	Vehicle No.	5TX8067K	GST Registration No.	
Policyholder Name	SHAWN MATTHEW MURRAY	Cover Type	drive CLASSIC	Policyholder NRIC	05395247Q
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	90663195	Special Remark		Contact No.(Home)	
Email Address		TCA	+ No - YES	eCode	No *
ETK	+ No - Yes	NCD Endowment(%)	0	eCode Reason	
NCD Protection	No			Private Hire	No

Accident Details

Report Date	11/05/2018 14:33	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	10/05/2018	Time of Accident hh:mm	08:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	UPPER BUKIT TIMAH ROAD(OPPOSITE BUKIT TIMAH PLAZA)				

Benefits

Excess

Own damage Excess	500.00	Additional Excess	0	Windscreen Excess	100.00
Uninsured Driver Excess	0.00	Outside Singapore OD Excess	000.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	15 GREENWOOD CRESCENT	Address 2	THE GREENWOOD	Address 3	SINGAPORE 288961
Address 4		Address Type	Singapore address	Post Code	266961
Unit No.		Related Policy Number	5095112481		

OI Driver Info

Driver Name	MURRAY NATALIE LOUISE	Driver Type	Named Driver	Driver DOB	07/03/1977
Unnamed driver Name		Driver NRIC	05395308K	Driving Experience	11
Register Date of Driver License	01/01/2007	Driver Age	41	Contact No.(Home)	
Contact No.(Mobile)	90663195	Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	NTUC
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	5TX8067K		

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any Injury?	Yes + No
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Modification History

Claim 001 New

Claim Type *	OD-MX	Insured Name	SHAWN MATTHEW MURRAY	Insured NRIC	05395247Q
Contact No.(Mobile)		Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OT Vehicle Number	5TX8067K	TP Vehicle Number	50624198
Claim Description	5TX8067K / SKH2R15R ON 10 May 2018				
Preferred Workshop Contact No.		Insured Liability *	Not at Fault	Name of Preferred Workshop	
Require Finalisation	Yes	Preferred Repair Option	Preferred Workshop, Name unknown	GIA report	Received
Date Registered	11/05/2018 14:36	Claim Close Date		Date Received	11/05/2018 00:00
Report Taken By	ROSLI WAHAB				

Print AK letter

Save Submit

Attachment

Accident No.	MT/0992954	Claim No.	001
Last Doc. Received	Yes No	Upload Date	11/05/2018 14:45
Path *			
Choose File No file chosen	Category *	Confidential	Urgency *
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Choose File No file chosen	Clear Please Select	NO	Normal
Message Read	Send Message Upload		

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)	Action
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:45	SAS	Normal	SAS 2018-5-11		Edit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-5-11		Edit
	NAC_BUKIT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11		Edit

	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
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	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICES (B UKIT MERAH)) on 11 May 2018 14:36	Photos	Normal	Photos 2018-5-11	Edit
Video List					
Uploaded By/Data	Folder Data	File Name		Source	Action
Display in New Window Scan and uploading					

ACCIDENT STATEMENT

ACCIDENT DATE: 10/05/2018 (DD/MM/YYYY) TIME: 08.15 (HH:MM)
 LOCATION: ~~DUNCAN~~ BUKIT TIMAH ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJX 8067K
 b) INSURANCE COMPANY: NTUC
 c) POLICY NUMBER: 5095112481
 d) POLICY TYPE: (COMPREHENSIVE) / THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: KIA SORENTO
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: (PRIVATE) / COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME: DRIVING TO SCHOOL (PRIVATE USE)
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) (NO)
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: SHAUN MURRAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G5395247G CONTACT: 9066 3195
 c) ADDRESS: 15 GREENWOOD CRESCENT 286981

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: NATALIE MURRAY (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: G5395308K CONTACT: 9066 3185
 c) ADDRESS: 15 GREENWOOD CRESCENT 286981

*d) DATE OF BIRTH: 07/03/1977 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 29/1/2016

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) (NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: WIFE

5. a) WEATHER CONDITION: (CLEAR) / RAINING / OTHERS
 b) ROAD SURFACE: (DRY) / WET / OTHERS

6. WAS ANYBODY INJURED (YES / NO) (NO)

7. a) REPORTED TO POLICE (YES / NO) (NO)

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SKH2419 R MODEL: BMW
 b) DRIVER'S NAME: CECILIA TAN
 c) NRIC/FIN/PASSPORT: _____ CONTACT: 9830 8256

9. THIRD PARTY VEHICLE

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

Email = natalie.murray@icloud.com
 Fax = _____

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G5395308K**

Name: **MURRAY NATALIE LOUISE**

Sex: **F**

Date of Birth: **07 Mar 1977**

Issue Date: **29 Jan 2016**

Valid Till: **28/01/2021**

002524089F




REPUBLIC OF SINGAPORE

FIN **G5395308K**



Name: **MURRAY NATALIE LOUISE**

Date of Birth: **07-03-1977**

Nationality: **BRITISH**

Sex: **F**



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

Class 3 Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$

EFFECTIVE DATE: **29 Jan 2016**

Licence No: **G5395308K**



NP 428A

FA1953259

DEPENDANT'S PASS

Immigration Regulations



FIN **G5395308K**

Date of Issue: **10-10-2017**

Date of Expiry: **24-08-2020**



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

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number: 5095112481 **Cover :** drive CLASSIC

1. Index mark and Registration Number of Vehicle : SJX8067K
 Chassis Number : KNAKU811MA5082784

2. Name of Policyholder : SHAUN MATTHEW MURRAY

3. Effective Date of Insurance : 25 Oct 2017

4. Expiry Date of Insurance : 24 Oct 2018

5. Persons or Classes of Persons entitled to drive#
 (a) The Policyholder.
 (b) Any other person who is driving on the Policyholder's order or with his/her permission.
 Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#
 (a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover
 (a) Use for hire or reward.
 (b) Use for racing, pace-making, reliability trial or speed-testing.
 (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
 (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: S\$600
EXCESS (SECTION 2)	: N/A
WINDSCREEN EXCESS	: S\$100
ADDITIONAL EXCESS	: N/A
UNNAMED DRIVER EXCESS	: PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	: NO
INSURE WITH COE	: YES
NCD PROTECTION	: NO
TRANSPORT ALLOWANCE	: NO
EXCESS WAIVER	: NO
PRIMARY DRIVER	: SHAUN MATTHEW MURRAY
NAMED DRIVER (1)	: MURRAY NATALIE LOUISE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : JIN-SHI (HOLDINGS) PTE LTD (00000614399)
 Date of Issue : 24 Oct 2017 15:07 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:

Chief Executive