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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.
- 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

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战等是是3份的战争的	ACCIDENT STATEMENT
Date Of Report	23/05/2018 15:08
Date Of Accident	23/05/2018 07:20
Exact Location Of Accident	PIE TOWARDS CHANGI B/F INTERCEPTING A/F TOA PAYOH
Country/State of Loss	SINGAPORE
Washington and the parties of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKQ4895M
Insured/Policyholder	
Name Of Registered Owner	SEAH GEOK LAN
NRIC No	S1615741D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96810943
Alternative Phone No	OTHERS-96810943
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G F-PACKAGE (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5068820847-03
Cover Note Number	
Driver	
Name of Driver	SEAH GEOK LAN
NRIC No	S1615741D
Date Of Birth	04/03/1963
Occupation	INDOOR
Date Of Driving Pass	07/12/1993
Driving Experience	24 YEARS AND 5 MONTHS
Sender	FEMALE
Mobile Number	(LOCAL) +65-96810943
Fax Number	U. 한 등 2000년 전 (1400년) (234일 전 150년) (2015년) (244일 전 150년) (244
Contact Number	OTHERS-96810943
EMail Address	NOEMAIL

Address

28 FABER TERRACE

Postcode

129023

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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

NO

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

QUEENSTOWN N.P.C

Police Station Address

ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4719999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180523/2044

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FS7288U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

MOHAMED NAQIUDDIN BIN MOHAMED SAPEI

NRIC/Passport Number

S9622218A

Contact Number

Address

Postcode

Insurance Company Name

SKETCH PLAN

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.
- 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.
- 5. 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:
 - (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.:





1 of 3

Report No. T/20180523/2044

Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

REPORT	OF A	TRAFFI	CACCI	DENT

Date/Time 23/05/201		lade:	Vide Report No.: E/20180523/0036	Station Diary No.: 32	
Informan	t's Particu	ılars			
Name of I SEAH GE			Address: 28 FABER TERRACE SINGA	PORE 129023	
ID Type / ID No.: NRIC NO / S1615741D			Contact No.: Home/Office: Mobile: 96810943		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex: Female	Age: 55	Date of Birth: 04/03/1963	Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation Office cle	on: rk (genera	al)	Driving Licence Information: Class: 3 Date of Expiry:		

	mation of the Accident	Drink		Town of Laborate	
Type of Accident:	1 ATTENDED DV POUCE		Date/Time of Accident: 23/05/2018 00:00	Type of Location Straight Road	
	EXPRESSWAY	er Toa Payoh Flyd Road Surface:	over	Road Speed Limit:	
Vveatner. Clear		Dry		VERNING ON RESERVED HER	
		Traffic Control: Not Controlled		Traffic Volume: Light	
Traffic Flow: One Way		Type of Collision: Between Moving Vehicles - Head To Rear			

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FS7288U	Motorcycle				Slightly Damaged	0
SKQ4895M	Car	HONDA	FIT 1.3GF A	Red	Slightly Damaged	0

Details of Vehicle Insurance							
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date			
SKQ4895M	NTUC Income Insurance Co-Operative Limited	5068820847-03	01/12/2017	30/11/2018			



2 of 3

Report No. T/20180523/2044

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On the 23/05/2018 at about 0720hrs, I was travelling in my vehicle SKQ4895M, along PIE towards Changi just after Toa Payoh Flyover. While I was driving, I had suddenly heard a sound coming from my rear left side of my vehicle. I then had looked at my rear view mirror, and had noticed that a motorcycle (FS7288U), had collided with my vehicle on the left rear. I then had stopped my vehicle and immediately attended to the injured male rider.

The rider then had informed me that he was trying to switch lanes on the right, but however, he could not brake in time and had caused his motorbike to hit onto the left rear of my vehicle. Traffic Police was at scene and as well as the Ambulance. The rider then was conveyed to hospital shortly after the incident. I had managed to exchange particulars with the rider namely (Mohamed Naqiuddin Bin Mohamed Sapei; S9622218A). I have an in car camera recording device installed on my vehicle, in which the Traffic Police officer had took the memory card for investigation purpose.





3 of 3

Report No. T/20180523/2044

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Sketch Plan

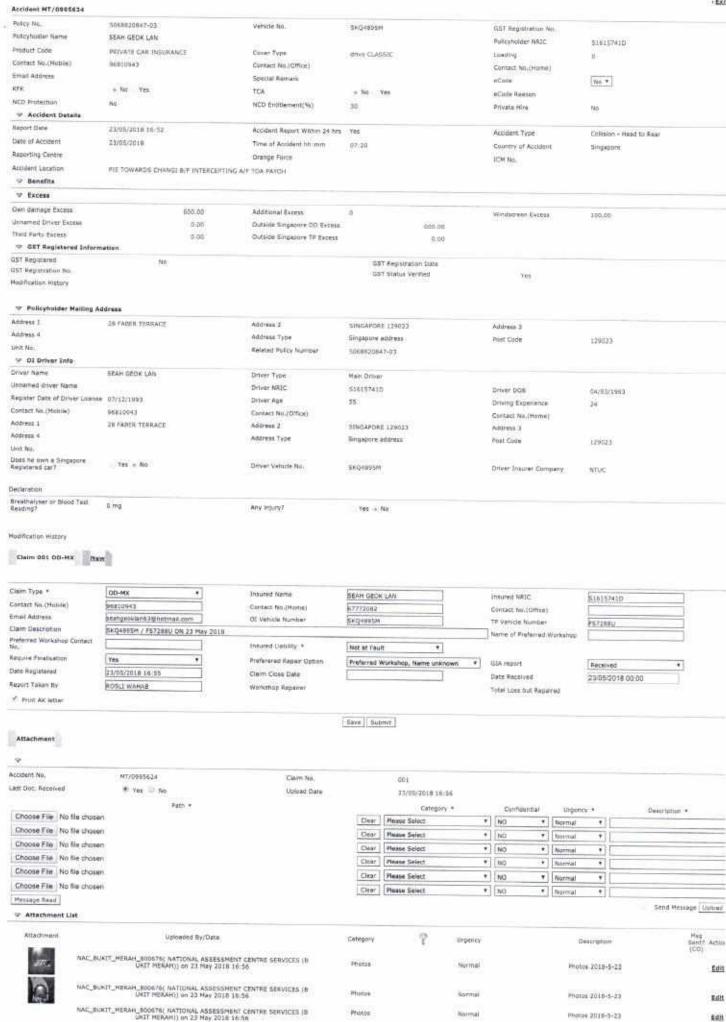
NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have th

Signature Of Officer Recording The Report: 0 / Sgt 2 MOHAMAD FARHAN BIN MOHAMED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 23/05/2018 13:39
Officer In Charge Of Case:	Classification Of Case:
TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	

Claim Handling



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♥ Video List	a reconstruction					
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ACCIDENT STATEMENT

	ACCIDENT DATE: (33/ 05/ 30/8)(DD/MM/YYYY), TIME: (61 :) (HH:MI
	LOCATION: PIE Toward Chargi
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: SKO 4895M
	DINSURANCE COMPANY: N 74C
	C)POLICY NUMBER:
	d)POLICYTYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEET
	Florida FIT
	F)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
	9/ CHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	THE OR OSE OF USING AT ACCIDENT TIME: VIVANU
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES
115	IF NO, PLEASE STATE SHIRD PARTY CLAIMS PEPOPTING ONLY
	2. INSURED / POLICY HOLDER
NUMBER OF	AJNAME: SEAH GEOK LAN (MALE (FEMALE)
PACSANGER	DINRIC/FIN/PASSPORT: 9/6/174/ D CONTACT: 96 810743
MUSHNIER	CIADDRESS: 38 Faber Toraco SE 129075
INCLUDING DELVINE	* CONTINUE TO 2 4 F 2 24 F
22	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER
8	DINAME: DS ABOVE
	DINRIC/FIN/PASSBORT
	c)ADDRESS:CONTACT:
	C/ADDRESS
	*dIDATE OF BIPTH: (0/) / A3 / 19/3
	*d)DATE OF BIRTH: (04 / 03 / 1963)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR)
	DATE OF DRIVING PASS :
	4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER
	5. d)WEATHER CONDITION: CLEAR RAINING / OTHERS
	b)ROAD SURFACE: (DRY / WET / QTHERS
₩.	6. WAS ANYBODY INJURED WAS NO
	7. alreported to police (YES) NO)
	IF YES, PLEASE STATE WHICH POLICE STATION:
(1)	THIRD PARTY VEHICLE
700 E 10 E	a) VEHICLE NUMBER: PS 7288 U MODEL Matora (TV
MUMBER OF	b) DRIVER'S NAME:
PASSANGER	c) NRIC/FIN/PASSPORT:CONTACT:
INCLUDING DEWAR	9. THIRD PARTY VEHICLE
()	d) VEHICLE NUMBER:MODEL:
states at the	DRIVER'S NAME:
MUMBICK OF	f) NRIC/FIN/PASSPORT:CONTACT:
PORTON GAR	CONTACT:
INCLUDING DELUGIL	

1) EMAIL :

>) VIDEO !

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1615741D





SEAH GEOK LAN

谢 玉 蘭

CHINESE Date of Buth 04-03-1963

SINGAPORE





YOU ARE UCENSED TO DRIVE VEHICLES IN THE POLLOWING CLASSIES)

PASS LATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

Of Dec 1993

eBaoTech			100					Gene	eralClaim
Hello, NAC_BUKIT_MERAN My Desktop Notice of Loss	Policy Query			4	,	Change Lar	nguage +	Change Passwo	rd · Log O
THE OF LUSS	Palicy No. Vehicle No.(For Motor)	SKQ4895M	1		Date of Ac	odent	23/05/	2018 14:59	
	Select Policy No.	Policyholder Name	Policyhelder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5068820847- 03	SEAH GEDK LAN	516157410	GPC	drivo CLASSIC	SKQ4895M	5KQ4895M	01/12/2017	30/11/2018