

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	07/07/2018 10:04
Date Of Accident	06/07/2018 08:50
Exact Location Of Accident	COMMONWEATH AVENUE TOWARDS HOLLAND VILLAGE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFT46S
Insured/Policyholder	
Name Of Registered Owner	KAM POOI YUEN
NRIC No	S2500239C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97398941
Alternative Phone No	OTHERS-97398941

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA-1.6 (A)
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	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	5097087007
Cover Note Number	

Driver

Name of Driver	CHAI OI CHOO
NRIC No	S2549099A
Date Of Birth	19/11/1958
Occupation	INDOOR
Date Of Driving Pass	19/10/1984
Driving Experience	33 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97398941
Fax Number	
Contact Number	
EMail Address	OICHOOCHAI@GMAIL.COM

Address	4 PANDA VALLEY #08-409 EUGENIA COURT
Postcode	5976281
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	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?	YES
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)	2
Passenger 1	NAME: : KAM LI PIN,EMILY 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

REFER TO BELOW STATEMENT/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	SJN8712J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name KAM LI PIN
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFT46S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name CHAI OI CHOO
Approximate Age
Injuries Sustain
Injured person in which vehicle? SFT46S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

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.

- 7 JUL 2018



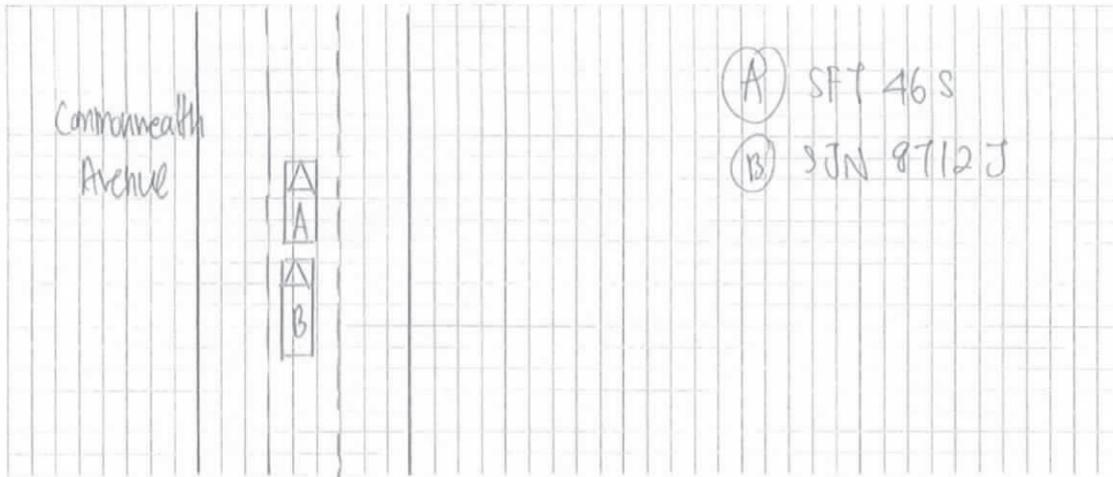
 Policyholder's Signature
 Date & Time:



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

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
 Reporting Centre Singapore 431593
 Name: Tel: 67416697
 NRIC/FIN No.: Fax: 67492305
 Email: vackb@singnet.com.sg

SKETCH PLAN



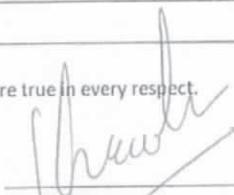
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 06-07-2018 at about 0850hrs. I was travelling along Commonwealth Avenue towards Lentee direction. The traffic was on normal moved. Ahead of me, there's a vehicle slow down and stop, I follow suit. All of a sudden, I felt an hard impact from the rear. Then I realised a vehicle 5JN 8712J had collided onto my rear. That's all.

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:

- 7 JUL 2018
 IDAC KAKI BUKIT(VAC)
 23 KAKI BUKIT AVE 4
 Singapore 415933
 Reporting Centre Tel: 67416697
 Name: Fax: 67492305
 NRIC/FIN Email: vackb@singnet.com.sg

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0239C
Vehicle Details	
Vehicle No.:	SFT465
Vehicle to be Exported:	No
Intended De-registration Date:	06 Jul 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	ELANTRA AD 1.6 GLS AT
Primary Colour:	Silver
Manufacturing Year:	2017
Engine No.:	G4FGHU830752
Chassis No.:	KMHD841CMJU592218
Maximum Power Output:	93.8 kW (125 bhp)
Open Market Value:	\$11,900.00
Original Registration Date:	16 Dec 2017
First Registration Date:	16 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$11,900.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	15 Dec 2027
PARF Rebate Amount:	\$8,925.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,112.00
COE Rebate Amount:	\$44,477.00
Total Rebate Amount:	\$53,402.00

The information contained herein is correct as at 06 Jul 2018

OK

\$ 68,888.00
 \$ 53,402.00

 \$ 15,486.00