

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	20/07/2018 14:01
Date Of Accident	20/07/2018 07:00
Exact Location Of Accident	SENGKANG EAST ROAD TO TPE (SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLK6855K
Insured/Policyholder	
Name Of Registered Owner	LEE SHAO WEI, THEODORE FRANCIS
NRIC No	S8841469A
Email Address	SAXZ88@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92706376
Alternative Phone No	HOME-63845845
Vehicle Particulars	
Manufacturer	CITROEN
Model	DS5 1.6I E-HDI ETG6
Exact Purpose for which vehicle was being used at time of accident	PERSONAL, GOING TO CAMP FOR RESERVIST
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098029303
Cover Note Number	

Driver

Name of Driver	LEE SHAO WEI, THEODORE FRANCIS
NRIC No	S8841469A
Date Of Birth	25/10/1988
Occupation	INDOOR
Date Of Driving Pass	02/07/2007
Driving Experience	11 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92706376
Fax Number	
Contact Number	HOME-63845845
EEmail Address	SAXZ88@HOTMAIL.COM

Address	BLK 258B COMPASSVALE ROAD #07-565
Postcode	542258
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	WET

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?	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)	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 ACCIDENT STATEMENT AS ATTACHED.

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	CB7302L
Vehicle Make/Model/Colour	SCHOOL BUS / YELLOW-GREEN
Details Of Properties	
Vehicle Category	BUS
Name of Driver	LEOW KOK BENG
NRIC/Passport Number	S1548701A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

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: 20/7/2018, 2209m

Driver's Signature

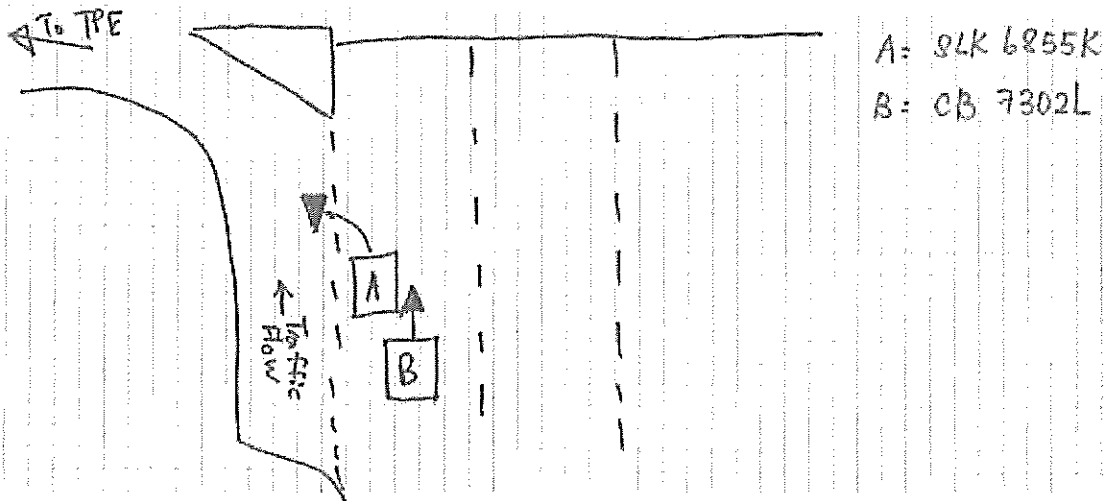
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name: JOELLE TAN
NIC/PAN No.: AMK AUTOPPOINT PTE LTD
20.07.2018

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, driving my car (Vehicle A) towards TPE (SLE) on Serangoon East Road at 0700hrs on 20/7/2018, was hit by Vehicle B (CB 7302L), who's driver was Leow Kok Beng (S1548701A).

I was filtering left into the turning lane ^{that} entered the slip road of TPE (SE) Expressway. There was a traffic queue, I turned on my left signal and had come to a stop, due to the cars. I had managed to enter partially into the turning lane with one wheel (front left wheel) already in. At this point I was stationary (0 km/h) with my left turn signal on, and brake depressed. A few moments later, I was hit by Vehicle B, which was a school bus registered under 'SFX Transport Services' (Reg. No. CB 7302L). The impact was a rear-right corner swipe, resulting in damage to the rear bumper and rear quarter panel.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 20/7/2018, 2.20pm

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

Reporting Centre Personnel's Signature
Name: Joelle Tan
NRIC/FIN No.: AMK Autopoint Pte Ltd
20.07.2018