MNII18108152 / NTUC Income Insurance Co-operative Ltd - HQ ENTRY DATE & TIME: 21/08/2018 10:32 SUBMITTED BY: Tong Ming Yuan Jovin

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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.

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	21/08/2018 10:32
Date Of Accident	20/08/2018 12:10
Exact Location Of Accident	BLK 633C SENJA ROAD
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR4498H
Insured/Policyholder	
Name Of Registered Owner	TAYZAR KHIN PHONE
NRIC No	S9075754G
Email Address	TAYZAR.TAZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82824535
Alternative Phone No	OFFICE-82824535
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096816540
Cover Note Number	22/12/2017 - 23/12/2018
Driver	
Name of Driver	TAYZAR KHIN PHONE
NRIC No	S9075754G
Date Of Birth	23/04/1990
Occupation	INDOOR
Date Of Driving Pass	12/06/2013
Driving Experience	5 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-82824535
Fax Number	
Contact Number	OFFICE-82824535

TAYZAR.TAZ@GMAIL.COM

Address

BLK 626 SENJA ROAD

#21-156

Postcode

670626

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles involved in the accident

NO

Was any body injured in the Accident? 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.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG

Police Station Address

ROAD: 1 SEGAR ROAD, POSTCODE: 677738, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

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

SHB4034X

Vehicle Make/Model/Colour

BLUE COMFORT TAXI

Details Of Properties

Vehicle Category

TAXI

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

INCOME MOTOR SERVICE CENTRI		Vehicle No:	SJR4498H	Report Date & Start Time:	21/08/18 / 10:54	
Report No: MT/	D.O.A: <u>20/08/2018</u> Time: <u>12:10 hrs</u>	Make / Mode	l: MITSUBISHI LANC	El Reporting Type: RO	End Time:/	*****

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
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- 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) 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.

21/08/18 / 10:54

Policyholder's Signature / Date & Time

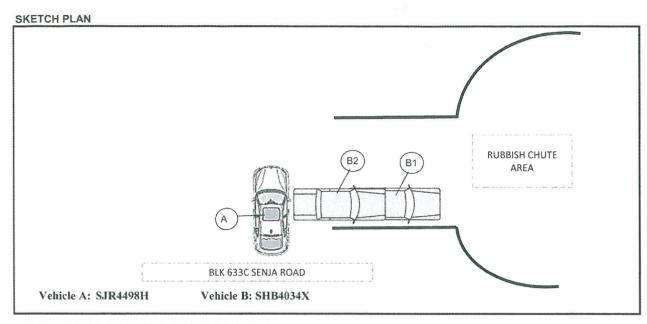
21/08/18 / 10:54

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

Thomas Chen (\$098890)/ Customer Care Executive Motor Service Centre

Witnessed by Reporting Centre Peronnel

Sketch Plan Pg. 2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and stopped his taxi on the right side. All decided to overtake him on the left side reverse. I stopped my car and sounded n	fter waiting for him to move e so as to enter into the rubbi	off for some time, there was sh chute area. Suddenly, I no	still no movement by ticed that Vehicle B st	Vehicle B. So arted to

Declaration

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

8/21/2018 10:54

8/21/2018 10:54

Customer Care Executive
Motor Service Centre
Witnessed by Reporting Centre Personnel

Thomas Chen (S098890)

Policyholder's Signature / Date & Time

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

NOTICE OF COMPLIANCE Pg. 1

CONFIDENTIAL



NOTICE OF COMPLIANCE

- 1. This is to inform that <u>Tayzar Khin Phone NRIC S9075754G</u>, HP <u>82824535</u> residing at <u>Blk 626 Senja Road #21-156</u> has report to the Police a non-injury traffic accident which occurred at <u>Blk 633C Senja Road</u> on <u>20/08/2018</u> at <u>1210rs</u> involving the following vehicles:
- I SJR4498H (White, Mitsubishi, Lancer EX)
- II SHB4034X (Blue, Honda)
- 2. If the accident was reported to Police within 24 hours of its accident occurrence, He/she therefore has complied with Sec 84(2) of the Road Traffic Act, 276

Bukit Panjang NPC 1 Segar Road #01-05

Singapore 677738

1 6892 9892

Rank/Name of Issuing Officer: SGT Chua Kai Ze Joel

Date

: 20/08/2018

S/D Ref

: 48

Police Post/ Unit

D I'm ' NDC

: Bukit Panjang NPC

Original

To issue to informant

Duplicate

To be retained at NPC or Police Post

CONFIDENTIAL