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.

By the lodgement of this report to the insurers, you hereby con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/08/2018 14:45
Date Of Accident	30/08/2018 10:30
Exact Location Of Accident	SLIP RD HOUGANG AVE 10 TWDS HOUGANG AVE 8
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJB8659T
Insured/Policyholder	
Name Of Registered Owner	EE VINCENT KEVIN
NRIC No	S1318964A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96712198
Alternative Phone No	OFFICE-96712198
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM 1.8 RSZ A
Exact Purpose for which vehicle was being used a	t PRIVATE USE

time of accident

PRIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

YES

If No, Please state action to be taken

PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number 5066313198-04

Cover Note Number

Driver

Name of Driver LEE SOK KENG MAGDALENE

NRIC No S1548488H Date Of Birth 21/11/1962 Occupation INDOOR **Date Of Driving Pass** 28/11/1996

Driving Experience 21 YEARS AND 9 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-96757657

Fax Number

OFFICE-96757657 Contact Number

EMail Address NOEMAIL Address 72 HOUGANG AVENUE 7

#14-14

Postcode 538805

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 Vehicle

-

Insurance Company of Driver's Own Vehicle

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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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

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) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY ALONG SLIP RD HOUGANG AVE 10 TWDS HOUGANG AVE 8 TO CHECK INCOMING VEHICLE ALONG THE MAIN ROAD BEFORE I PROCEED. THE TRAFFIC ALONG THE MAIN ROAD WAS CLEAR SO VEHICLE B WAS 3 QUARTER MOVED TO THE MAIN RD. SUDDENLY VEHICLE B JAMMED BRAKE OF HIS VEHICLE. AS A RESULT, I COULDN'T BRAKE MY VEHICLE IN TIME AND SLIGHTLY GRAZED ONTO VEHICLE B REAR PORTION.

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 GBB3238C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE
Name of Driver PANG YEOK HARNG

1

NRIC/Passport Number \$1683092E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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)

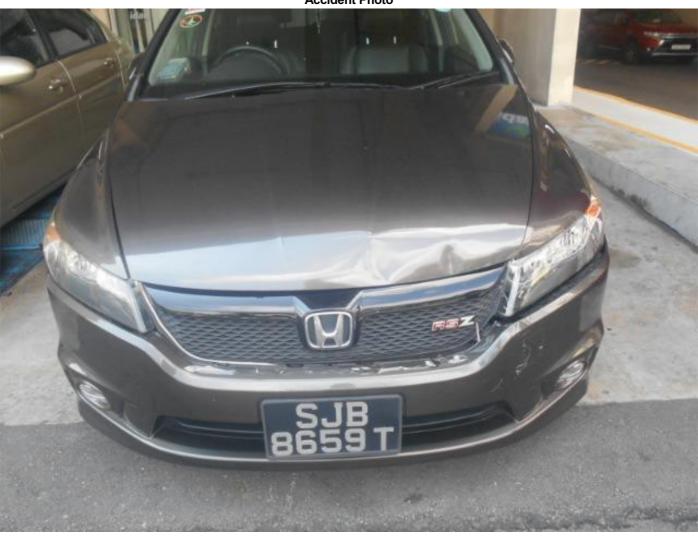
Date & Time:

Reporting Centre Personnel's Sig

NRIC/FIN No.:

Accident Sketch Plan

House	long Ave 8	A: 5386597
	3,100	
		B: 6BB 3238 C
	_	
	13	
	TRAIN	
	16	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
Refor to Stateme	nd.	
DECLARATION		
	ticulars are true in every respect.	
	nagen	X
		- Han
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholde	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:



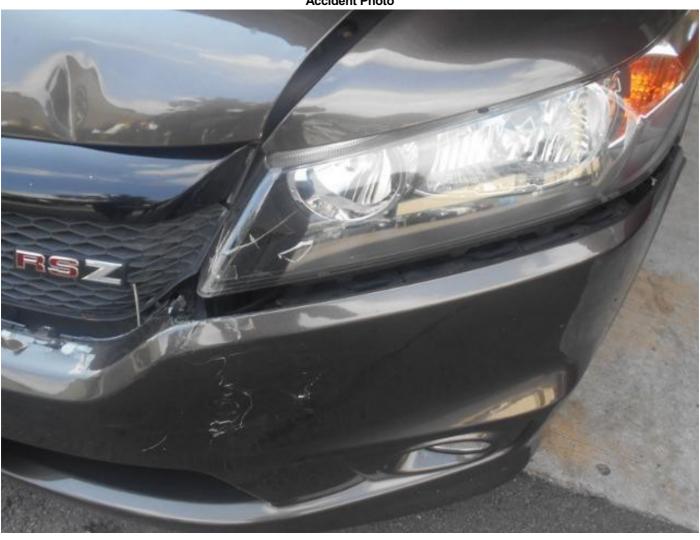




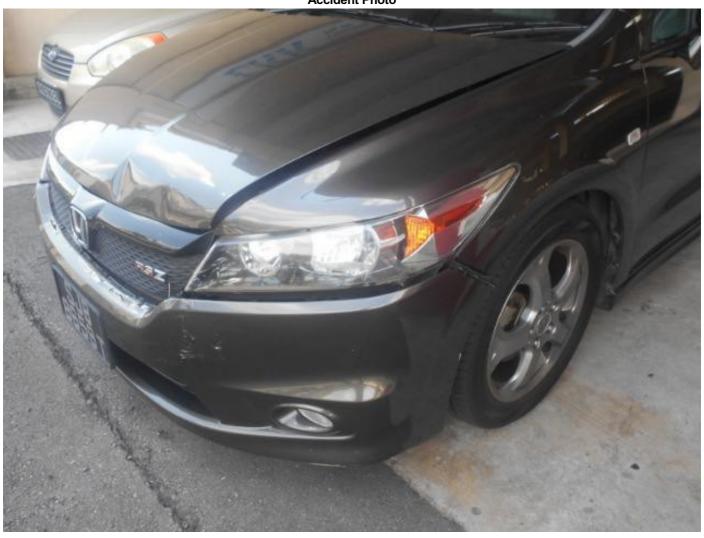






















Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raillies Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09-00 – 17:00
UEM: SE6SS00200 / GST Reg. No.: MARCOLT728

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

			ADDEND	MUM					
(A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:								
	Original Report No :	2532	32Vehicle Registration No:SJB 8659 T						
	Name(as shown in NRIC) ;	Lee Suk	Keny Magda	/en C NRIC/F IN/Pass	portNo : 51	548 4881	1		
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate								
	Address	72 House	any Luence	7414-14		Singapore(538)	5051		
	Contact (Tel)		-	Mobile No.:	9675	7657			
	Email Address :		-						
	Date of Accident :	30/08/2	018	Time of Accide	nt:1030	his	1 (1)		
	Place of Accident :	51:p Roa	d of He	ugang Averve	10 tom	nd Housen	Ave		
	Insurance Company:	NTUC	Income						
(B)	ADDITIONALINFORM								
	make the following a	mendments:	to amend	meds my	accident	claim	Statis		
	from copur	ting only	40 OW	n damage	Claim				
	-								
							100		
					-^		_		
	mogli	~			-=/	60			
	Policyholder / Driver's Date:	s Signature		Reporting Co Name: NRIC/FIN No. Date:	entre Personne				