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 aforesaid.

ACCIDENT STATEMENT	
Date Of Report	17/09/2018 16:11
Date Of Accident	15/09/2018 13:15
Exact Location Of Accident	X-JUNCTION OF PUNGGOL ROAD AND PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBH44H
Insured/Policyholder	
Name Of Registered Owner	SU BEE TING (XU MEIZHEN)
NRIC No	S8211555B
Email Address	MEIZHEN_23@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-97880565
Alternative Phone No	OTHERS-97880565
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE-2.4 Z PLATINUM SELECTION II (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	THIRD PARTY
Fleet Policy	NO
Policy Number	5096342474
Cover Note Number	
Driver	
Name of Driver	SU BEE TING (XU MEIZHEN)
NRIC No	S8211555B
Date Of Birth	12/04/1982
Occupation	INDOOR
Date Of Driving Pass	29/01/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97880565
Fax Number	
Contact Number	OTHERS-97880565
EMail Address	MEIZHEN_23@YAHOO.COM.SG

Address	BLK 333B ANCHORVALE LINK #11-332
Postcode	542333
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
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)	2
Passenger 1	NAME: : SON GENDER: : MALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGF4751A
Vehicle Make/Model/Colour	MITSUBISHI COLT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOH KIM CHOO
NRIC/Passport Number	S6828475I
Contact Number	90607553
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

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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

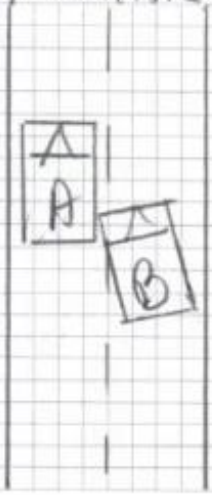
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 17/9/18 12.40 pm	Driver's Signature (If driver is not the policyholder) Date & Time:	17/09/2018 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN X-JUNCTION OF SELETAR WEST AVE A/F SELETAR MALL

A) SBH 44H
B) SGF 4751A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day of accident. I was driving along Sengkang West Ave, at the cross junction after Seletar mall carpark exit and before #26 Residences Condo & Layar LRT Station. I was travelling on the left lane and when I approached the cross junction, the car on the right lane, Black Mitsubishi colt SGF 4751A, suddenly swerved into my left lane from the right lane causing damage to my right back fender / panel of my vehicle.

DECLARATION

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

Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time: 17/9/18 12.40 pm	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:

17/09/2018

GIARMC SketchPlanForm_V3

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

26 Apr 2018

Our ref 2604180203N057016318

SU BEE TING
APT BLK 333B ANCHORVALE LINK
#11-332
SINGAPORE 542333

Dear Sir/Madam

NOTIFICATION ON SUCCESSFUL REPLACEMENT OF VEHICLE REGISTRATION NO. SJG5050S WITH VEHICLE REGISTRATION NO. SBH44H

You may be pleased to know that your application of 26 Apr 2018 for replacement of registration number is approved.

2. The details of the vehicle after the transaction are as follows:

Vehicle Registration No.	: SBH44H (Previously SJG5050S)
Vehicle Make	: TOYOTA
Vehicle Model	: VELLFIRE 2.4Z PLATINUM SELECTION A
Chassis No.	: ANH208106263
Engine No./ Motor No.	: 2AZC828212 / -

3. Please change the number plates on your existing vehicle (ie. Chassis No. : ANH208106263, Engine No./ Motor No. : 2AZC828212 / -) to display the new/ replacement registration number. SBH44H by 29 Apr 2018. It is an offence to keep or use a vehicle without displaying the correct vehicle registration number assigned. The penalty for first offence is a fine not more than $1,000 or imprisonment of not more than 3 months. For second or subsequent offence, the fine is not more than $2,000 or imprisonment of not more than 6 months.

4. Please contact our customer service officers on tel: 1800-CALL LTA (1800-2255 582) if you have any questions. You can either quote the Business Transaction Reference No. 20180426160851801790 or the vehicle registration number when making your enquiry.

Accident Photo

Accident Photo

Accident Photo

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Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020D / GST Reg. No.: M400017738

GENERAL INSURANCE ASSOCIATION RECORDS MANAGEMENT CENTRE

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

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MRA418120562 Vehicle Registration No: SBH 44H

Name(as shown in NRIC): SU BAOCHUN (XU MAOZHUN) NRIC/FIN/Passport No : S8211555B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : Singapore( )

Contact (Tel) : Mobile No. : 97880565

Email Address :

Date of Accident : 15/09/2018 Time of Accident : 13:15

Place of Accident : Y-JUNCTION OF PUNGGOL ROAD / PUNGGOL CRESCENT

Insurance Company : MSIG

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICY NUMBER IS S0963432474

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: ROY LOOSE
NRIC/FIN No.:
Date: 18/09/2018