

## 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	01/10/2018 13:12
Date Of Accident	29/09/2018 10:00
Exact Location Of Accident	BUKIT BATOK RD TWDS JURONG EAST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4896U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEW FOOK SING
NRIC No	S8581592Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91094896
Alternative Phone No	OFFICE-91094896

### Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	
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	5088244478-01
Cover Note Number	

### Driver

Name of Driver	LEW FOOK SING
NRIC No	S8581592Z
Date Of Birth	27/10/1985
Occupation	INDOOR
Date Of Driving Pass	03/09/2008
Driving Experience	10 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91094896
Fax Number	
Contact Number	OFFICE-91094896
Email Address	NOEMAIL

Address	BLK 318 JURONG EAST ST 31 #01-46
Postcode	600318
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	CHAIN COLLISION
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)	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

I WAS TRAVELLING ALONG THE CENTER LANE OF 3 LANES ALONG BUKIT BATOK ROAD. WHILE I WAS TRAVELLING STRAIGHT, VEHICLE IN FRONT OF ME BRAKE AND STOP, I ALSO APPLIED MY BRAKE TO STOP. WHEN SUDDENLY, I FELT A STRONG IMPACT FROM MY REAR. AFTER THE IMPACT, I REALISED THERE WERE A TOTAL OF 3 VEHICLES INVOLVED IN THE ACCIDENT. THE LORRY (YM6759P) HAD COLLIDED ONTO THE REAR OF M/TAXI (SHD6759P) AND THUS CAUSED THE TAXI TO COLLIDE ONTO THE REAR OF MY VEHICLE.

#### 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	SHD6759P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM9465T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

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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:

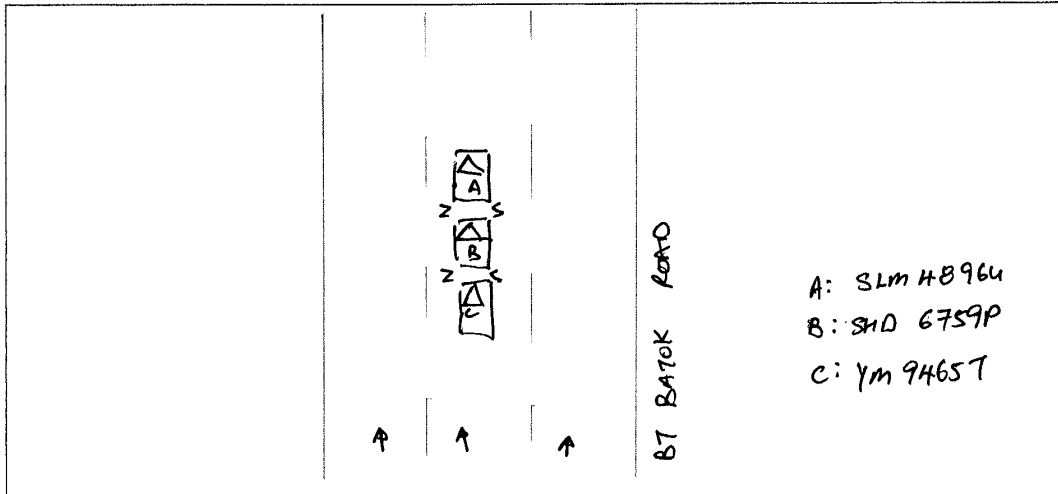
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG THE CENTRE LANE OF 3 LANES ALONG BT BATOK ROAD, WHILE I WAS TRAVELLING STRAIGHT VEHICLE IN FRONT OF ME BRAKE AND STOPPED I ALSO APPLIED MY BRAKE TO STOP, WHEN SUDDENLY I FELT A STRONG IMPACT FROM MY REAR, AFTER THE IMPACT I REALISED THAT THERE WAS A TOTAL OF 3 VEHICLES INVOLVED IN THE ACCIDENT. THE LORRY YM 94657 HAD COLLIDED ONTO THE REAR OF MY TAXI SHD 6759P AND THIS CAUSED THE TAXI TO COLLIDED ONTO THE REAR OF MY VEHICLE.

DECLARATION

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

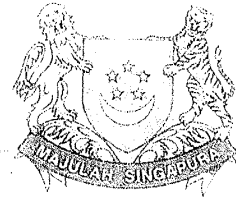
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8581592Z**



Name

**LEW FOOK SING**

**刘福星**

Race

**CHINESE**

Date of birth

**27-10-1985**

Sex

**M**

**S8581592Z**

Country of birth

**MALAYSIA**

9 1 4 6 9 5 4



NRIC No. **S8581592Z**

Nationality

**MALAYSIAN**

Date of issue

**23-11-2011**

**APT BLK 318 JURONG EAST STREET 31 #01-46  
SINGAPORE 600318**


**NRIC No: S8581592Z**


**Date: 03/03/2017**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S8581592Z**  
Name: **LEW FOOK SING**

Birth Date: **27 Oct 1985**  
Issue Date: **09 Mar 2012**



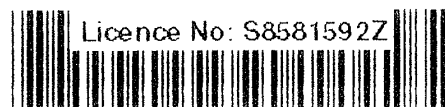
 002049373E

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars= $\leq$  3000kg with  $\leq$ 7 passengers, exclusive of the driver; and other motor vehicles  $\leq$  2500kg 03 Sep 2008

NP 428A





## THE SCHEDULE

## Private Car Insurance Policy

This Policy sets out the terms of a contract between N1UC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5088244478-01
The Policyholder	: LEW FOOK SING BLK 318 #01-46 JURONG EAST STREET 31 SINGAPORE 600318
Period of Insurance	: 29 May 2018 To 28 May 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (Inclusive GST)	: S\$816.85
<b>Interest Insured</b>	
Cover Type	: drive CLASSIC
Primary Driver	: LEW FOOK SING
Named Driver (1)	: N/A
Named Driver (2)	: N/A
Make/Model	: HONDA/VEZEL
Registration Number	: SLM4896U
Chassis Number	: RU11019593
Repair at Owner's Preferred Workshop	: No
Excess (Section 1)	: S\$600
Excess (Section 2)	: N/A
Windscreen Excess	: S\$100
Additional Excess	: N/A
Unnamed Driver Excess	: Please refer to Terms and Conditions
Hire Purchase Company	: STANDARD CHARTERED BANK (SINGAPORE) LIMITED
<b>Optional Cover</b>	
Transport Allowance	: No
Excess Waiver	: No
Capacity	: 1500cc
Registration Year	: 2015
Off-peak Car	: No
Insure with COE	: Yes
NCD Entitlement	: 50%
NCD Protection	: Yes

Memo A : N/A

Endorsement Operative : M4

Agency	: SEA & LAND INSURANCE BROKERS PTE LTD (00000690449)
Date of Issue	: 04 May 2018 16:50 hrs

## DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

