#### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aforesaid.	3
	ACCIDENT STATEMENT
Date Of Report	15/10/2018 09:20
Date Of Accident	14/10/2018 11:40
Exact Location Of Accident	MACRITCHIE RESERVOIR CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FY5685M
Insured/Policyholder	
Name Of Registered Owner	LEE BAI YU CARRIE
NRIC No	S8809709B
Email Address	CARRIELBY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96660329
Alternative Phone No	OFFICE-96660329
Vehicle Particulars	
Manufacturer	VESPA
Model	GT200-198CC
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080075426-02

#### **Driver**

Cover Note Number

Name of Driver LEE BAI YU CARRIE
NRIC No S8809709B

Date Of Birth 29/03/1988
Occupation INDOOR
Date Of Driving Pass 09/04/2014

Driving Experience 4 YEARS AND 6 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96660329

Fax Number

Contact Number OFFICE-96660329

EMail Address CARRIELBY@GMAIL.COM

**BLK 18B HOLLAND DRIVE** Address

#04-447 273018

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** 

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

YES

NO

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 0

**Details of Police Action** 

NO 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** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

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

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SKU417R Vehicle Make/Model/Colour LAND ROVER

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver MR. YEO NRIC/Passport Number S2014453Z **Contact Number** 96620350

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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)
  - (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
- 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.
- 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.

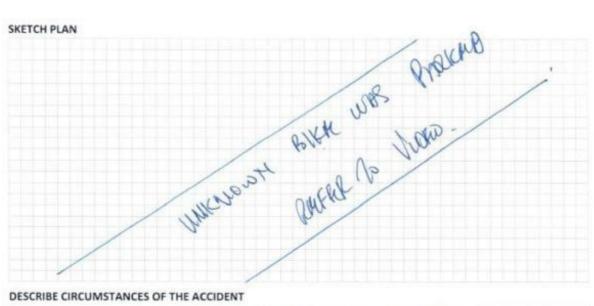
Policyholder's Signature

Date & Time: \5 10 | 20 \ 8

Driver's Signature

(If driver is not the policyholder)

Date & Time:



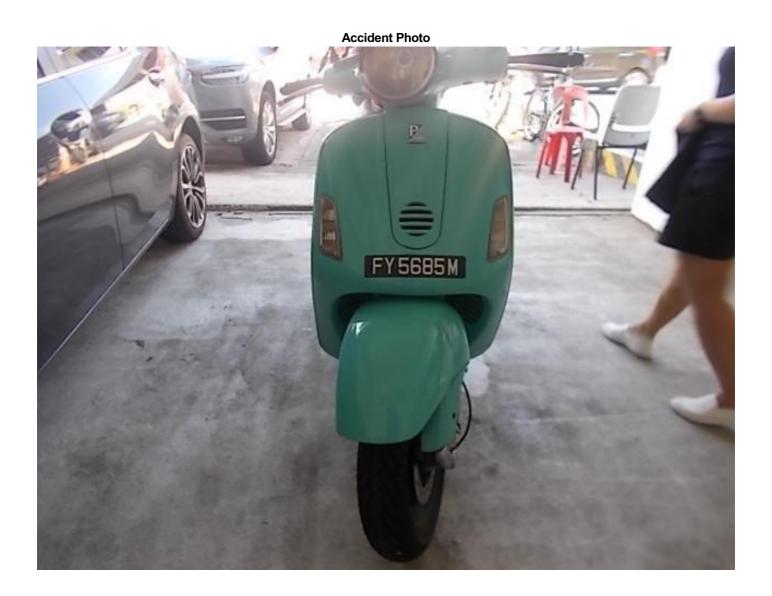
#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The state of the s
my like was parked at mocketche kerenoir as I very for a run.
When I came take back, I would my topbox and the cover fell off.
A man came over from his car opposite and a sked if there has a note on
mybite. I checked and realisted than may a note stipped into my helmet
CHhich was looked on top of my seat). The man (Lithess Jaron) tid me
What had happened and he sent me video footage from his car's dashboard
Cornera. I called the driver of Land pover 5/KU417 R to arrange for
comparation. At the frier of TKV417K has travelling in the ming direction
of a one may road the realised it and received to, and hit mybile
causing it to fall on the ground. He Abpyrd and come out to paid any
my like, and the witness came to help him lift it up.
)
When I for Turkyof the damage, I find:
- Top box Sant dred & botton linge
- Exhaust pape cose cracked
- Side younel budly rematched
- Legsthield from I ribbon scatched
- Right bank lever bent but of thepe
Thattle glip chipped
- Helmet Scoatchel
- Wheel alighment off

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

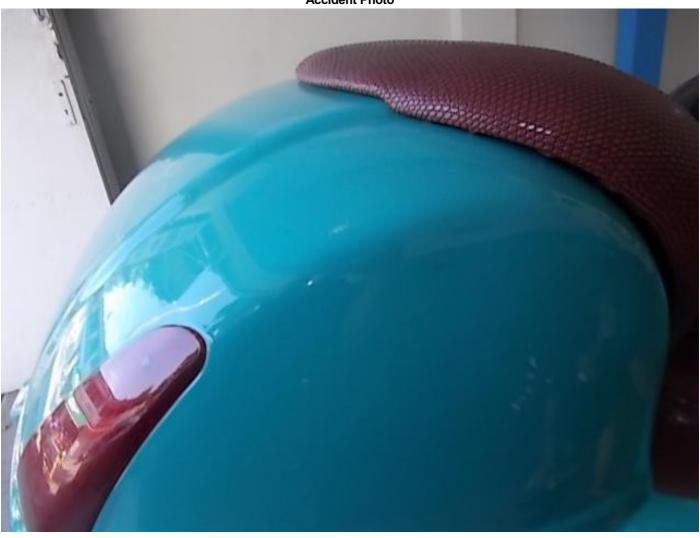
Policyholder's Signature Date & Time: 15 24 24 18

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







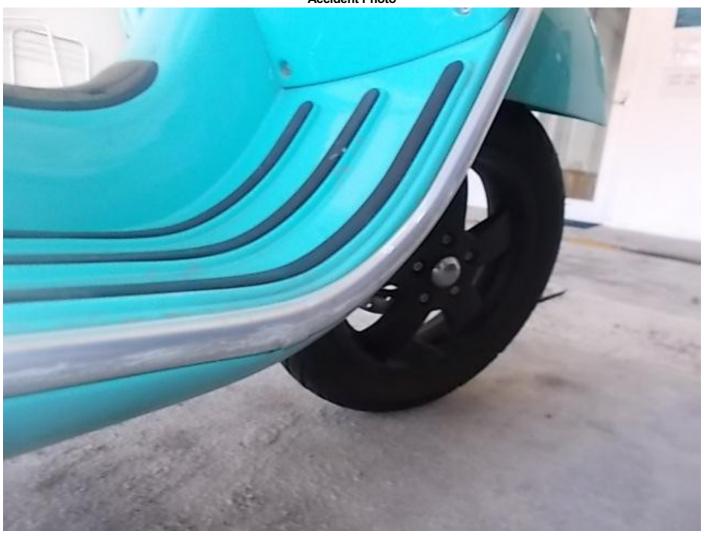
























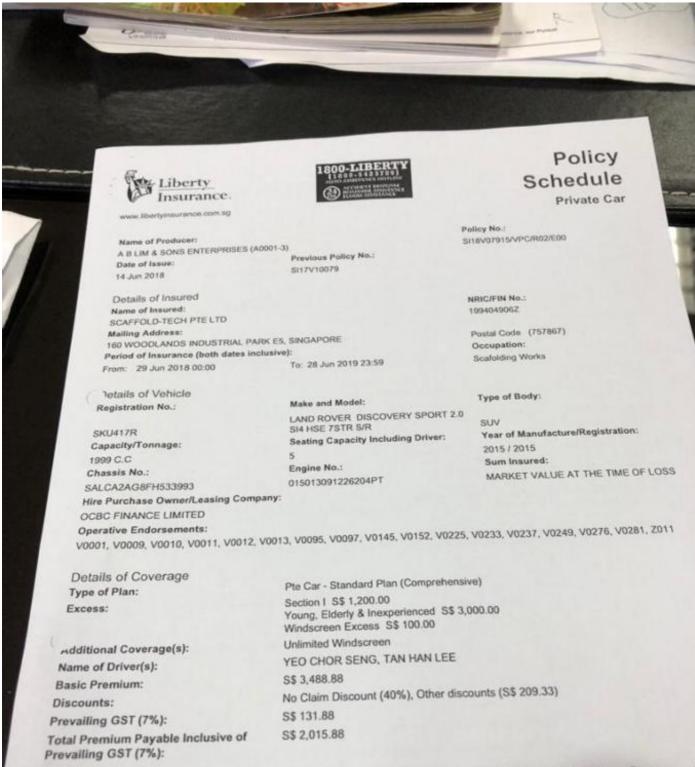












This Schedule replaces any other Schedule. This Schedule and Policy are to be read together as one contract. Persons or dispersons entitled to drive and limitations are to use, are as specified in the Certificate of Insurance issued in relation to this policy.

Date: 14 Jun 2018 16:42