

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 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.

ACCIDENT STATEMENT

Date Of Report	15/10/2018 12:26
Date Of Accident	12/10/2018 14:30
Exact Location Of Accident	CTE TOWARDS SGH BEFORE OUTRAM EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJF5L
Insured/Policyholder	
Name Of Registered Owner	SEE MING FOONG MELINDA
NRIC No	S0049661H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97526150
Alternative Phone No	OTHERS-97526150

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E 200CGI
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080588286-02
Cover Note Number	

Driver

Name of Driver	SEE MING FOONG MELINDA
NRIC No	S0049661H
Date Of Birth	22/05/1953
Occupation	INDOOR
Date Of Driving Pass	26/01/1978
Driving Experience	40 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97526150
Fax Number	
Contact Number	OTHERS-97526150
Email Address	NOEMAIL

Address	26 TOH HEIGHTS
Postcode	507831
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	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	2
Was any body injured in the Accident?	YES
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

PLEASE 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	SLT7914U
Vehicle Make/Model/Colour	TOYOTA CAMRY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOO ENG HOCK (QIU YONGFU)
NRIC/Passport Number	S7623631C
Contact Number	90568889
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	SEE MING FOONG MELINDA
Approximate Age	

Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	SJF5L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

Mubasher 15.10.2018

Policyholder's Signature

Date & Time: 11.25 am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

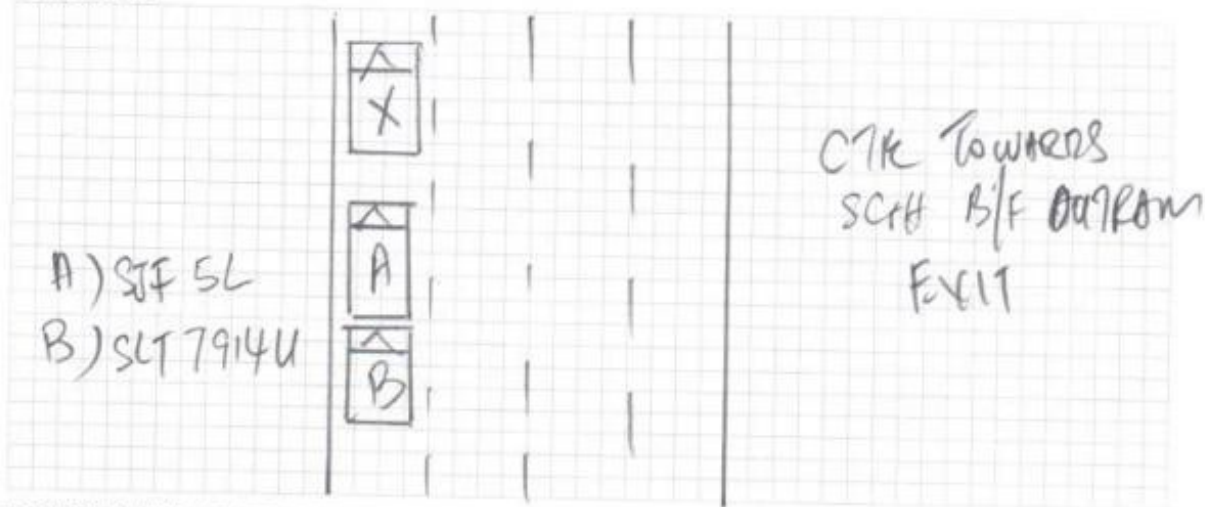
15/10/2018
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

12 Oct 2018, 2:30 pm

Heavy traffic at exit, about 100 metres, of Outram Road. Suddenly there was a bang on ~~the~~ rear of my car.

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time: 15-10-2018
 11:25 am

[Signature]
 Driver's Signature
 (if driver is not the policyholder)
 Date & Time:

[Signature] 15/10/2018
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan #3



Singapore
General Hospital
SingHealth

Department of Emergency Medicine
Outram Road
Singapore 169608
Tel : (65) 6321 4103
Fax : (65) 6226 0924
Reg No : 1987039072

ORIGINAL

MEDICAL CERTIFICATE

EMD2018387376

Name SEE MING FOONG MELINDA		NRIC No. S0049661H
This is to certify that the above-named is unfit for duty for a period of <u>1</u> days from <u>12-Oct-2018</u> to <u>12-Oct-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : _____		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 12-Oct-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. LEE MAN XIN , 63302Z



Organization Accredited by
Joint Commission International

Accident Photo



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