



## 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	29/10/2018 10:54
Date Of Accident	27/10/2018 07:35
Exact Location Of Accident	BUKIT TIMAH ROAD (TOWARDS ACS SCHOOL)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGD7009B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SHAW SWEE TEEN DAISY
NRIC No	S0370026G
Email Address	CHOYKYA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96619023
Alternative Phone No	HOME-64621940

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TOURAN
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	5053585993-06
Cover Note Number	

### Driver

Name of Driver	SHAW SWEE TEEN DAISY
NRIC No	S0370026G
Date Of Birth	09/06/1930
Occupation	INDOOR
Date Of Driving Pass	02/12/1954
Driving Experience	63 YEARS AND 10 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96619023
Fax Number	
Contact Number	HOME-64621940
EMail Address	CHOYKYA@GMAIL.COM



Address	13 CASSIA DRIVE
Postcode	289730
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?	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

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	SJJ4054Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MICHELLE LAVERGNE
NRIC/Passport Number	G3073542R
Contact Number	87262071
Address	27 HOLLAND GROVE
Postcode	276236
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## SKETCH PLAN

### 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. 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.
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.

*Shanfreer Teo*

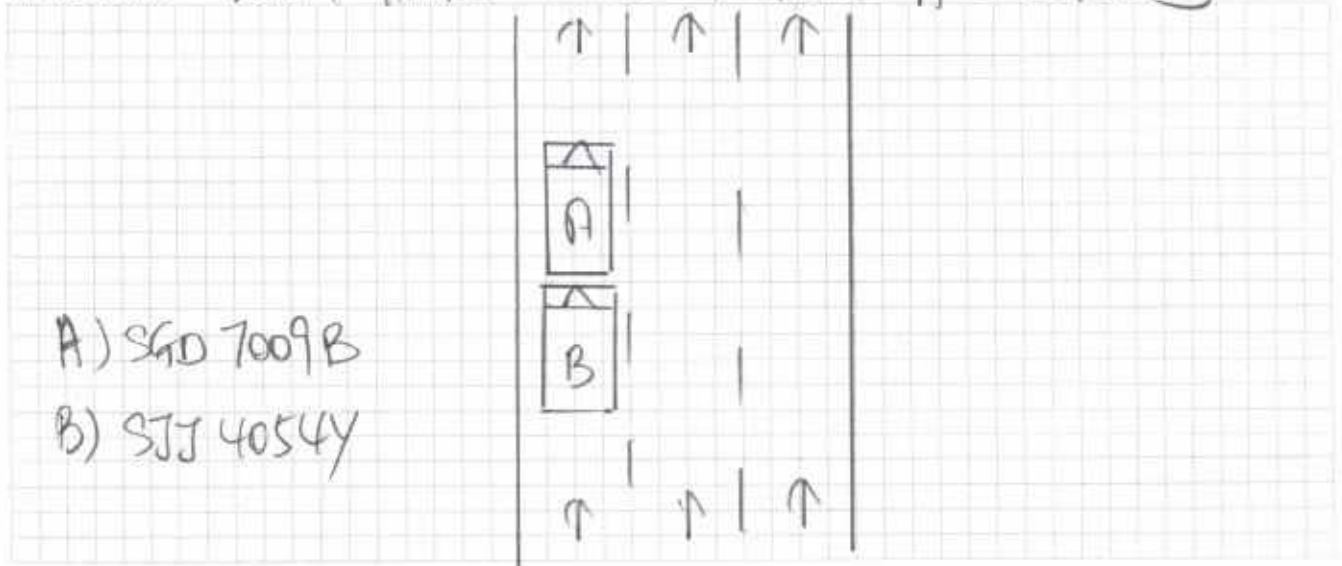
Policyholder's Signature  
Date & Time:

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

*29/10/2018*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

BUKIT TIMAH ROAD (TOWARDS ACS SCHOOL)



A) SGD 7009B

B) SJJ 4054Y

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Time of accident 7:35am.

The ~~red~~ road was completely clear and the driver banged into the back bumper. She claimed that she was talking to her son and did not see my car in front of her and cannot brake in time.

DECLARATION

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

*Shaw Sweeteen*

Policyholder's Signature  
Date & Time:

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

*24/10/2018*

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

*Pishi*



## Claim Handling

Accident MT/1017493

Policy No.	5053585993-06	Vehicle No.	SGD70098	GST Registration No.	
Certificate No.					
Policyholder Name	SHAW SWEE TEEN DAISY	Cover Type	drive PREMIUM	Policyholder NRIC	503700265
Product Code	PRIVATE CAR INSURANCE	Contact No.(Office)		Loading	0
Contact No.(Mobile)	96619023	Special Remark		Contact No.(Home)	64621940
Email Address		TCA	+ No Yes	eCode	No *
eFk	+ No Yes	NCD Entitlement(%)	50	eCode Reason	
NCD Protection	Yes			Private Hire	No

## Accident Details

Report Date	29/10/2018 11:10	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	27/10/2018	Time of Accident (h:mm)	07:15	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	BUKIT TIMAH ROAD (TOWARDS ACS SCHOOL)				

## Excess

Own damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		

## Benefits

## GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status Verified	Yes
Notification History			

## Policyholder Mailing Address

Address 1	13 CASSIA DRIVE	Address 2	SINGAPORE 289730	Address 3	
Address 4		Address Type	Singapore address	Post Code	289730
Unit No.		Related Policy Number	5053585993-06		

## OI Driver Info

Driver Name	SHAW SWEE TEEN DAISY	Driver Type	Main Driver	Driver DOB	09/06/1930
Unnamed driver Name		Driver NRIC	503700265	Driving Experience	63
Register Date of Driver License	02/12/1954	Driver Age	88	Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1	13 CASSIA DRIVE	Address 2	SINGAPORE 289730	Post Code	289730
Address 4		Address Type	Singapore address		
Unit No.					
Does he own a Singapore Registered car?	Yes + No	Driver Vehicle No.	SGD70098	Driver Insurer Company	NTUC

## Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes + No
-------------------------------------	------	-------------	----------

## Notification History

Claim 001 

Claim Type *	OD-ME *	Insured Name	SHAW SWEE TEEN DAISY	Insured NRIC	50370
Contact No.(Mobile)	97878019	Contact No.(Home)	64621940	Contact No.(Office)	
Email Address		OT		TP	
Claim Description		Vehicle Number	SGD70098	Vehicle Number	511405
Preferred Workshop		Name of Preferred Workshop			
Insured Liability	Not at Fault *				
Preferred Repair Option	Preferred Workshop, Name unknown *				
Date Registered		Claim Close Date	29/10/2018 11:22	Date Received	29/10/
Report Taken By			RUSLI WAHAB		

Print AK letter

Save Submit

## Attachment

Accident No.	MT/1017493	Claim No.	001
Last Doc. Received	* Yes No	Upload Date	29/10/2018 11:23
Path *		Category *	Confidential Urgency *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Choose File No file chosen	Clear	Please Select *	NO * Normal *
Message Read			

## Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description
NAC_BUKIT_MERAH_800678(NATIONAL ASSESSMENT CENTRE SERVICE 3-(BUKIT MERAH)) on 29 Oct 2018 11:23		Photos	Normal	Photos 2018-10-29

	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	Photos	Normal	Photos 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	SAS	Normal	SAS 2018-10-29
	NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 29 Oct 2018 11:23	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-10-29

Video List

Uploaded By/Date	Folder Date	File Name	Source
		Display in New Window	Scan and uploading

# ACCIDENT STATEMENT

ACCIDENT DATE: 27/10/2018 (DD/MM/YYYY), TIME: 7.35am (HH:MM)

LOCATION: Butik Pinah Road (towards ACS school)

## 1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SGD 7009B  
 b) INSURANCE COMPANY: Income NTUC  
 c) POLICY NUMBER: 5053585993-06  
 d) POLICY TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT  
 e) MAKE & MODEL: Volkswagen / Touran  
 f) TYPE: SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS  
 g) VEHICLE CATEGORY: PRIVATE / COMMERCIAL / MOTORCYCLE  
 h) PURPOSE OF USING AT ACCIDENT TIME: Going to church  
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)  
 IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

## 2. INSURED / POLICY HOLDER

- a) NAME: Shaw Swee Teen, Daisy (MALE / FEMALE) 64621910  
 b) NRIC/FIN/PASSPORT: S0370266 CONTACT: 5289730  
 c) ADDRESS: 13 Cassia Drive

\* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

## DRIVER

- a) NAME: As above (MALE / FEMALE)  
 b) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_  
 c) ADDRESS: \_\_\_\_\_

\* d) DATE OF BIRTH: 09/06/1930 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR) Retired

f) DATE OF DRIVING PASS: 2nd Dec 1954

## 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: \_\_\_\_\_

## 5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) \_\_\_\_\_

b) ROAD SURFACE: (DRY / WET / OTHERS) \_\_\_\_\_

## 6. WAS ANYBODY INJURED (YES / NO)

## 7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: \_\_\_\_\_

## 8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJJ4054Y MODEL: \_\_\_\_\_  
 b) DRIVER'S NAME: Kevin Lavergne  
 c) NRIC/FIN/PASSPORT: G3073542R CONTACT: 87262071

## 9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: \_\_\_\_\_ MODEL: \_\_\_\_\_  
 e) DRIVER'S NAME: \_\_\_\_\_  
 f) NRIC/FIN/PASSPORT: \_\_\_\_\_ CONTACT: \_\_\_\_\_

email = chuykya@gmail.com

fax =

VIDEO



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S0370026G



Name  
SHAW SWEE TEEN DAISY



邵瑞珍

Race  
CHINESE

Date of Birth  
09-06-1930

Sex  
F

Country of Birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S0370026G

Name  
SHAW SWEE TEEN DAISY



Birth Date 09 Jun 1930

Issue Date 06 Oct 2003



000891838J



0894320



NRIC No. S0370026G



Blood Group: O+

Date of Issue: 24-12-1992

13 CASSIA DRIVE  
SINGAPORE 289730

NRIC No: S0370026G

Date: 05/02/2009

No: 6111806

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

Class 3 Motor Cars and Motor Tractors the weight of which, unladen, does not exceed 2500 kilograms

PASS DATE  
02 Dec 1954

NP 425A

License No: S0370026G



## Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)  
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960  
ROAD TRANSPORT ACT, 1987 (MALAYSIA)  
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

**Certificate Number:** S053585993-06

**Cover :** drive PREMIUM

1. Index mark and Registration Number of Vehicle : 5GD70098  
Chassis Number : WVGZZ1T2CW080373
2. Name of Policyholder : SHAW SWEE TEEN DAISY
3. Effective Date of Insurance : 02 Apr 2018
4. Expiry Date of Insurance : 01 Apr 2019
5. Persons or Classes of Persons entitled to drive#  
(a) The Policyholder.  
(b) Any other person who is driving on the Policyholder's order or with his/her permission.  
Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.
6. Limitations as to Use#  
(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

**This Policy does not cover**

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

# Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	SS600
EXCESS (SECTION 2)	N/A
WINDSCREEN EXCESS	SS100
ADDITIONAL EXCESS	N/A
UNNAMED DRIVER EXCESS	PLEASE REFER OVERLEAF
REPAIR AT OWNER'S PREFERRED WORKSHOP	YES
INSURE WITH COE	YES
NCD PROTECTION	YES (FREE)
TRANSPORT ALLOWANCE	NO
EXCESS WAIVER	NO
PRIMARY DRIVER	SHAW SWEE TEEN DAISY
NAMED DRIVER (1)	SUM YAM CHEE MELVYN
NAMED DRIVER (2)	N/A
HIRE PURCHASE COMPANY	N/A
SUM INSURED	MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : HOBBS INSURANCE AGENCY (00000572363)  
Date of Issue : 09 Mar 2018 20:53 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED

Countersigned By:



Authorised Officer



Chief Executive