SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

EMail Address

- 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 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.

| aloresald. | |
|--|--|
| | ACCIDENT STATEMENT |
| Date Of Report | 15/11/2018 08:35 |
| Date Of Accident | 14/11/2018 11:30 |
| Exact Location Of Accident | NUH - KENT RIDGE WING - CARPARK -LEVEL 1 -LOT 57 |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SV1625A |
| Insured/Policyholder | |
| Name Of Registered Owner | HELENA CHOO BEE YIAN |
| NRIC No | S7209461A |
| Email Address | BUGFESTS@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-83320808 |
| Alternative Phone No | OFFICE-83320808 |
| Vehicle Particulars | |
| Manufacturer | VOLKSWAGEN |
| Model | BETTLE |
| 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 | 5003867057-13 |
| Cover Note Number | |
| Driver | |
| Name of Driver | HELENA CHOO BEE YIAN |
| NRIC No | S7209461A |
| Date Of Birth | 20/03/1972 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 14/12/1990 |
| Driving Experience | 27 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-83320808 |
| | |

OFFICE-83320808

BUGFESTS@GMAIL.COM

Address 4 PANDAN VALLEY #05-412

Postcode 597628

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

NO

NO

0

NO

NO

YES

NO

NO

General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

Was any other material or property damaged? YES

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

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED

Attachment(s)

Are accident photos available for attachment? Was there any video captured by Car Camera?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKP9723Z

Vehicle Make/Model/Colour BMW 5 SERIES - WHITE COLOR

Details Of Properties RIGHT SIDE PORTION

PRIVATE CAR Vehicle Category

Name of Driver TAN LENG SIANG (CHEN LINGXIANG)

NRIC/Passport Number S7810802I Contact Number 88681661

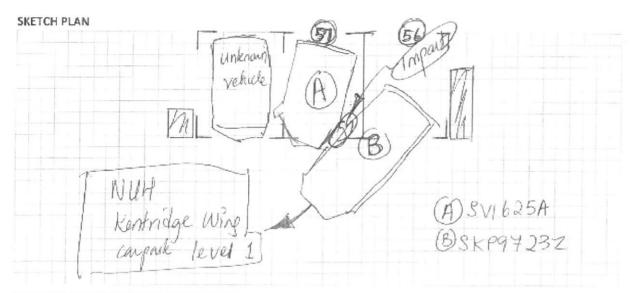
Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| At about 8 00am on 14th NOV 2018, I parked my | velucte. |
|--|--|
| at NUH Kent Ridge - Level I capark no let 57 and was | "Parked |
| in the centre of the lot. | |
| As I came back to my can about 11. | 3064 |
| I saw an unknown lady was standing next to my car, and | |
| also saw my can "Left front a front portren domaged" and n | |
| "was shifted" more to the Right due to the Impart, " | / |
| This lady spoke to me and told me her husband had | drives |
| a vehicle B had Hitmoh my Parked can causing damages | The state of the s |
| veliciles. | 071 -2-1 |
| Due to the Hard Invest our can wer I wond | 26760 |
| Due to the Hand Impact my can was damaged & and was very dised to another unknown parked volucle. CSJR95 | - 27/11 |
| and was very distor to downer ancher projects vericle COSK-40 | It Hon |
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DECLARATION

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

Policyholder's Signature

Dale & Time: nov14. 7014

HEIGHA

Driver's Signature

(If driver is not the paticyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :

Sketch Plan #2

SKETCH PLAN

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- 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)

Lunderstand, 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:
 - 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 realms (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 sized 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 process.

Policine der's Signature

Date & Time: Man 171 -

NEILINA

Driver's Signature

(if driver is not the policy nurder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No :