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TP Paraleulars: Veh No	SE-17/0	Tol:	Fax	1
Owner / Driver: (OI SKN 1630X.	, INC(,)/ N	on·Mc().	
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Insured/Driver Liability: (%) (Note-Est Status (WO	Palei	Thron)
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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 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.
- 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.

By the lodgement of this report to the insurers, you aforesaid.	bu hereby consent to the archiving of this report at the centre and to copies of the report being made available
共主,中华大学,关于1000年	ACCIDENT STATEMENT
Date Of Report	06/12/2018 16:28
Date Of Accident	28/11/2018 17:45
Exact Location Of Accident	NORTH BUONA VISTA ROAD (TOWARDS NUH)
Country/State of Loss	SINGAPORE
Sales and the sales and the sales are	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU490P
Insured/Policyholder	
Name Of Registered Owner	LEE IK KIN DOROTHY
NRIC No	S0073791G
Email Address	LEEIKKIN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96562848

OTHERS-96562848

Alternative Phone No Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ

Exact Purpose for	which vehicle	was being	used at	D. D
time of accident		SOLDERS PROPERTY.		PARIVATE USE

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

REPORTING ONLY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE, LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5062273602-05

Cover Note Number

Driver

Name of Driver LEE IK KIN DOROTHY

NRIC No S0073791G Date Of Birth 03/09/1940 Occupation INDOOR Date Of Driving Pass 20/07/1959

Driving Experience 59 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96562848

Fax Number

Contact Number OTHERS-96562848

EMail Address LEEIKKIN@YAHOO.COM.SG Address

8A EWART PARK

Postcode

279741

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

SIDE SWIPE

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

SKN1630X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 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
- 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:

- 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
- (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 S

Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

A - SJU 490P	(D)	-> North Buona Vista Rd.
B - SKN 1630X		→
		\rightarrow

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along North Buona vista towards NUH on the
for 18 f lane A red car a serial Vista towards NUH on the
for left lane, A red car encroached into my lane and his the
my bumper causing damage had for
As the traffic was heavy or the time, I did not stop and
processing journey to MUH to visit afind
1100000, I saw the red car heading house of sills
hoping to eath up with her, But she headed twoods Hult main
building and I was heading to the Kent Ridge Wing.
- rending to the Kent Ridge Wing.
ECLARATION.

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:

NRIC/FIN No.:

Claim Handling

Accident M1/1022011									
Policy No.	5062273602-05	Vehicle No.	5JU490P		GST Reg	istration No.			
Certificate No.	Name and American Control								
Policyholder Name	LEE IK KIN DOROTHY				Policyho	der NRIC	500	73791G	
Product Code Contact No.(Mobile)	PRIVATE CAR INSURANCE	Cover Type	erve PREMIUM		Loading		0		
Email Address	NA .	Contact No.(Office)			Contact	No.(Home)			
KPK	• No Yes	Special Remark			eCode		No	•	
NCD Protection	Yes	TCA	= No Yes		eCode A				
	1070	NCD Entitlement(%)	50		Private i	line	Not	rvallable	
Report Date	30/11/2018 13:46	Accident Daniel William Ad Lan	723		27777				
Date of Accident	28/11/2018	Accident Report Within 24 hrs	Yes		Accident	Туре	Side	Swipe	
Reporting Centre	***************************************	Time of Accident hh:mm	17:00		Country	of Accident	Sing	apore	
Accident Location	NORTH BUONA VISTA ROAD COMMONWEALTH AV	Orange Force			ICM No.				
▽ Excess	The state of the s	CNUE WEST							
Own damage Excess	600.00	Additional Excess	772						
Unnamed Driver Excess	0.00	Dutside Singapore OD Excess	0	600.00	Windscre	en Excess	100.	00	
Third Party Excess	0.00	Dutside Singapore TP Excess		0.00					
▽ Benefits				2.04					
GST Registered Informa	tion								
GST Registered	No		GST Regi	stration Date					
GST Registration No. Modification History			GST State	us Verified		Yes			
resources and resources									
♥ Policyholder Mailing Add	ress								
Address 1	SA EWART PARK	Address 2	SINGADORS 3303	**					
Address 4		Address Type	SINGAPORE 2797		Address :				
Unit No.		Related Policy Number	Singapore address 5062273602-05	o o	Post Code		2797	41	
▽ OI Driver Info			5002273002-03						
Driver Name		Driver Type							
Unnamed driver Name		Driver NRIC			Driver DO	6			
Register Date of Driver License Contact No.(Mobile)		Driver Age			Driving E	perience			
Address 1		Contact No.(Office)			Contact N	o.(Home)			
Address 4		Address 2			Address 3				
Unit No.		Address Type	Foreign address		Post Code				
Does he own a Singapore Registered car?	Yes a No	Oriver Vehicle No.							
		The second second			Driver Ins	urer Company			
Modification History									
Claim 002 New									
Claim Type *				OD-MX	▼ Insured Name	LEE IK KIN DOROT	HY.	Insured	50073
Contact No.(Mobile)				96562848	Contact			Contact	
				hanaza+a	No. (Hame)	64691771		(Office)	
Email Address				leelkkin@yahoo.com.sg	OI Vehicle	SJU490P		TP Vehicle	SKN16
Claim Description				727-227-227-227-227-227-2	Number			Number	5957410
				SJU490P / SKN1630X ON	1 28 Nov 2018			Name of Preferred Workshop	
Preferred Warkshop	Insured Liability Not at Fault	•						area kanag	
Bequest No. Finalisation Yes	T Repair Preferred Workshop, Name L	inknown v GIA Received	•]	22000				
Date Registered				06/12/2018 16:05	Claim			Date Received	06/12/
Report Taken By				ROSLI WAHAB	Date			- Kecemen	AND MANAGES.
				Product Harrison					
Print AK letter									
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Attachment			3.500						
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Accident No.	MT/1022011	Claim No.	0	102					
Last Doc. Received	* Yes O No	Upload Date		06/12/2018 16:41					
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Message Read			1	THE STREET	* 100	* Normal	•		
Attachment	Uploaded By/Date	Category	?	Urgency		Description			H ₁
NAC_BUKIT	MERAH_B00676(NATIONAL ASSESSMENT CENTRE	SERVICE SAS		Named					
NAC BURT	MERAH, 800676; NATIONAL ASSESSMENT CENTRE			Normal		SAS 2018-12-6			
AND	S (BUKIT MERAM)) on 06 Dec 2018 16:41	SERVICE NRIC/ Driving License		Normal	NRIC/ (Oriving License 2018	-12-6		

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	Uploaded By/Date	200000			
→ Video List				Normal	Photos 2018-12-6
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	S (BUKIT_MERAH_800676) NA S (BUKIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (1) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6
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1	NAC_BUKIT_MERAH_800676(N. S (BUKIT MERAH	ATTONAL ASSESSMENT CENTRE SERVICE ()) on 06 Dec 2018 16:05	Photos		Priotos 2018-12-6
	NAC_BURIT_MERAH_B00676(N S (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE ()) on 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-5
100	1000	1// On 06 Dec 2018 16:05	Photos	Normal	Photos 2018-12-6
13	NAC_BUKIT MERAH BODGTAL N	INTERNAL ACCOUNTS	enosos ;	Normal	Photos 2018-12-6
).(2)	NAC_BUKIT_MERAH_800676[N S (BUKIT MERA)	AATIONAL ASSESSMENT CENTRE SERVICE H)) on 06 Dec 2018:16:11	Photos		
	S (BUKIT MERA	H)) on 06 Dec 2018 16:11	Photos	Normal	Photos 2018-12-6
- 4	NAC BUKIT MERAH BODGTAL	NATIONAL ASSESSMENT CENTRE SERVICE	Claim Handli	ng(Claim Task)	
	WAS BUILD AND		Claim Handli	ng(Claim Task)	

Display in New Window Scan and uploading

Source

Date of Accident	Time of Accident	Country / Exact Location of Accident	
28-1000-18	11:45HB	YORTH BOWNS VISTA ROCK! (towards NUH)	

DETAILS C	OF OWN VEHICLE
Vehicle Registration No:	SSU 490 P
Name of Owner:	Lee IK Kin Doroth
Owner IC:	S0073791/G
Vehicle Model & Type (Audi/Toyota etc)	Honda Juaz
Exact purpose of veh.	Private / Commercial
Are you claiming your own insurance?	Own Damage / Third Party Reporting Only
Insurance Company	NTUC
Type of Policy	Comprehensive D Commercial / Third Party
*Policy Number	5062273602
*Contact Nbr	9656 2848
*Alternative contact nbr	
DI	RIVER
Name of Driver	As Above
Driver IC	
Date of Birth	3-Sep-1940
Occupation	Indoor / outdoor
*Yrs of Driving Experience	59 years
Gender	Female
Contact No	96562848
Address	SA Ewart Park 3(22)
	kerkkine yahoo roms
Employee of Insured's	100
f no, state relationship of Driver with Insured.	WA
river's own vehicle no. Insurance company	NA
DETAILS OF INJU	JRED PERSONS 1
Name	40
Address	
Injuries Sustained	
f vehicle occupants, tate in which vehicle?	

GENERAL INFORMAT	TION OF THE ACCIDENT
Type of Collision (eg. Chain collision, head- on collision, side swipe, front rear)	THE ACCIDENT
Weather Conditions	Clear Raining / Others (pls state)
Road Surface	Wet (Dry) Others
Video Footage	Yes /No
Offer by other workshop	Yes (No)
*No. of passengers incl driver / Gender	Delmer
OTHER INF	ORMATION
Was anybody injured in the accident? *	Yes /(No
Was any other vehicle or property damaged? (including Witness)	(Ÿes) No
DETAILS OF P	OLICE ACTION
Accident reported to the Police?	Yes (No
if yes, state which police station	
Natice of Intended Prosecution given?	Yes No

DETAILS OF OTHER	VEHICLE / PROPERTY
Vehicle Reg. No.	SKN 1630 X
Vehicle Make / Model / Colour / Properties	
Name of Driver	
C / FIN / Passport Nbr	
Contact Nbr	
Address	
Insurance Company	
*No. of passengers incl driver / Gender	
DETAILS C	F WITNESS
Name	
Gender	F
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

S.C. shufutt esinguet.com.sg

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

PASS DATE

NP 428A

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





08-11-2014

BA EWART PARK SINGAPORE 279741



REPUBLIC OF SINGAPORE IDENTITY CARD NO. S0073791G



LEE IK KIN DOROTHY



CHINESE Date of birth 03-09-1940 Country/Place of birth

80073791G



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC 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

: 5062273602-05

The Policyholder

: LEE IK KIN DOROTHY

8A EWART PARK SINGAPORE 279741

Period of Insurance

: 13 Nov 2018 To 12 Nov 2019

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$943.42

Interest Insured

Cover Type : drivo PREMIUM
Primary Driver : LEE IK KIN DOROTHY

Named Driver (1) : NG SU-MING DEANA ESTHER

Named Driver (2)

: N/A

Make/Model Registration Number Chassis Number : HONDA/JAZZ : SJU490P

: JHMGE68509S220669

Capacity Registration Year Off-peak Car : 1300cc : 2009 : No : Yes

Repair at Owner's Preferred Workshop: Yes Excess (Section 1): \$\$60

: Yes : S\$600 : N/A : S\$100 Insure with COE NCD Entitlement NCD Protection

Loyalty Discount

: 50% : Yes(Frèe)

Windscreen Excess
Additional Excess

Excess (Section 2)

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance : No Excess Waiver : No

Memo A: N/A

Endorsement Operative: M4, M7

Endorsement Operative .

: RAY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)

Date of Issue

Agency

: 25 Oct 2018 23:26 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