

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	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

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
Alternative Phone No	OTHERS-96562848

Vehicle Particulars

Manufacturer	HONDA
Model	JAZZ
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	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

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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.


Policyholder's Signature
Date & Time:

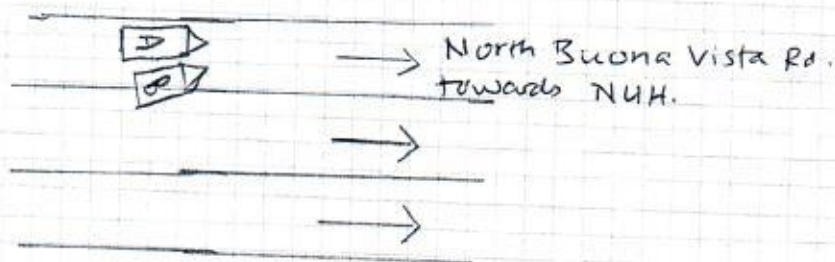
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

SKETCH PLAN

A - STU 490P

B - SKN 1630X



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along North Buona Vista towards NUH on the far left lane. A red car encroached into my lane and hit the right front side of my bumper causing damage to the front bumper.

As the traffic was heavy at the time, I did not stop and proceeded my journey to NUH to visit a friend.

However, I saw the red car heading towards NUH as well, hoping to catch up with her. But she headed towards NUH main building and I was heading to the Kent Ridge Wing.

DECLARATION

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

Dy
Policyholder's Signature
Date & Time:

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

06/10/2018
Reporting Centre Personnel's Signature
Name: Keshi WATSON
NRIC/FIN No.:

Claim Handling

Accident MT/1022011

Policy No.	5062273602-05	Vehicle No.	SJU490P	GST Registration No.	
Certificate No.					
Policyholder Name	LEE IK KIN DOROTHY			Policyholder NRIC	S0073791G
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive PREMIUM	Loading	0
Contact No.(Mobile)	NA	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	= No Yes	TCA	= No Yes	eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50	Private Hire	Not available
Accident Details					
Report Date	30/11/2018 13:46	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	28/11/2018	Time of Accident hh:mm	17:00	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	NORTH BUONA VISTA ROAD COMMONWEALTH AVENUE WEST				
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 Status Verified	Yes
GST Registration No.					
Modification History					
Policyholder Mailing Address					
Address 1	8A EWART PARK	Address 2	SINGAPORE 279741	Address 3	
Address 4		Address Type	Singapore address	Post Code	279741
Unit No.		Related Policy Number	5062273602-05		
OI Driver Info					
Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No.(Home)	
Contact No.(Mobile)		Contact No.(Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.		Driver Insurer Company	

Modification History

Claim 002

New



Claim Type *	OD-MX	Insured Name	LEE IK KIN DOROTHY	Insured NRIC	S0073791G	
Contact No.(Mobile)	86562848	Contact No. (Home)	84691771	Contact No. (Office)		
Email Address	leekkin@yahoo.com.sg	OI Vehicle Number	SJU490P	TP Number	SKN16	
Claim Description	SJU490P / SKN1630X ON 28 Nov 2018				Name of Preferred Workshop	
Preferred Workshop		Insured Liability	Not at Fault			
Repair No.	Yes	Repair Option	Preferred Workshop, Name unknown	GIA report	Received	
Date Registered				06/12/2018 16:05	Claim Close Date	
Report Taken By				ROS LI WAHAB	Date Received	06/12/
<input checked="" type="checkbox"/> Print AK letter						

Save Submit

Attachment

Accident No.	MT/1022011	Claim No.	002
Last Doc. Received	Yes No	Upload Date	06/12/2018 16:41
Path *			
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select
Category *			
Confidential			
Urgency *			
Desc			

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	M.
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:41	SAS	Normal	SAS 2018-12-6	
	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:41	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-6	

12/6/2018

Claim Handling(Claim Task)



Video List

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:11

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 06 Dec 2018 16:05

Photos

Normal

Photos 2018-12-6

Photos

Normal

Photos 2018-12-6

Photos

Normal

Photos 2018-12-6

Photos

Normal

Photos 2018-12-6

Photos

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Photos 2018-12-6

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Photos 2018-12-6

Photos

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Photos 2018-12-6

Photos

Normal

Photos 2018-12-6

Uploaded By/Date

Folder Date

File Name

Source

Display in New Window

Scan and uploading

Date of Accident	Time of Accident	Country / Exact Location of Accident
28-Nov-18	17:45 HRS	North Bouna Vista Road (towards NUT)

DETAILS OF OWN VEHICLE	
Vehicle Registration No:	SSU 490 P
Name of Owner:	Lee Ik Kim Dorothy
Owner IC:	S0073791/G
Vehicle Model & Type (Audi/Toyota etc)	Honda Jazz
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 / Commercial / Third Party
*Policy Number	5062273602-05
*Contact Nbr	9656 2848
*Alternative contact nbr	
DRIVER	
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	8A Ewart Park 3(27974)
Email Address	keikim@yahoo.com.sg
Employee of Insured's Company?	No
If no, state relationship of Driver with Insured.	N/A
Driver's own vehicle no. & Insurance company	N/A
DETAILS OF INJURED PERSONS 1	
Name	No
Address	
Injuries Sustained	
If vehicle occupants, state in which vehicle?	

GENERAL INFORMATION OF THE ACCIDENT	
Type of Collision (eg. Chain collision, head-on collision, side swipe, front rear)	
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	1 driver
OTHER INFORMATION	
Was anybody injured in the accident? *	Yes / No
Was any other vehicle or property damaged? (including Witness)	Yes / No
DETAILS OF POLICE ACTION	
Accident reported to the Police?	Yes / No
if yes, state which police station	
Notice of Intended Prosecution given?	Yes / No

DETAILS OF OTHER VEHICLE / PROPERTY 1	
Vehicle Reg. No.	3KN 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 OF WITNESS	
Name	
Gender	
Were seatbelts worn?	Yes / No
Conveyed to hospital by ambulance?	

sc. shafat@singnet.com.sg

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

Class 3

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

PASS DATE

20 Jul 1959

NP 428A



Licence No: S0073791G

5379641



NRIC No. S0073791G



Date of Issue

08-11-2014

Address

8A EWART PARK
SINGAPORE 279741

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S0073791G

Name: LEE IK KIN DOROTHY


Birth Date: 03 Sep 1940

Issue Date: 29 Sep 2003

000858601H



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0073791G



Name: LEE IK KIN DOROTHY



Race: CHINESE

Date of birth: 03-09-1940

Country/Place of birth: MALAYSIA

Sex: F

S0073791G



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)	: S\$943.42

Interest Insured

Cover Type	: drive PREMIUM		
Primary Driver	: LEE IK KIN DOROTHY		
Named Driver (1)	: NG SU-MING DEANA ESTHER		
Named Driver (2)	: N/A		
Make/Model	: HONDA/JAZZ	Capacity	: 1300cc
Registration Number	: SJU490P	Registration Year	: 2009
Chassis Number	: JHMGE68509S220669	Off-peak Car	: No
Repair at Owner's Preferred Workshop	: Yes	Insure with COE	: Yes
Excess (Section 1)	: S\$600	NCD Entitlement	: 50%
Excess (Section 2)	: N/A	NCD Protection	: Yes(Frèe)
Windscreen Excess	: S\$100	Loyalty Discount	: 5%
Additional Excess	: 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

Agency	: RAY ALLIANCE FINANCIAL ADVISERS PTE LTD (00000581200)
Date of Issue	: 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