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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 <u>truthful and accurate</u> 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.

Date Of Accident 13/01/2019 20:15 Exact Location Of Accident PIE TWDS JURONG Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SCW4372T Insured/Policyholder Name Of Registered Owner LYFFE PTE LTD Co Reg No 201428195H Small Address NOEMAIL Mobile Phone No OFFICE-90067922 Vehicle Particulars Manufacturer TOYOTA Model SOLUNA GLI A Exact Purpose for which vehicle was being used at time of accident 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 Type Of Coverage THIRD PARTY Fleet Policy NO Policy Number 5083035791-02 Cover Note Number Driver Passport No/FIN F8233772P Date Of Birth 08/06/1978 Occupation OutDoors Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number Contact Number Contact Number Contact Number Contact Number Contact Number		ACCIDENT STATEMENT
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Driver SONG TIAN HEE Passport No/FIN F8233772P Date Of Birth 08/06/1978 Occupation OUTDOOR Date Of Driving Pass 22/05/2013 Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Policy Number	5083035791-02
Name of Driver SONG TIAN HEE Passport No/FIN F8233772P Date Of Birth 08/06/1978 Occupation OUTDOOR Date Of Driving Pass 22/05/2013 Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Cover Note Number	
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Date Of Birth 08/06/1978 Occupation OUTDOOR Date Of Driving Pass 22/05/2013 Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Name of Driver	SONG TIAN HEE
Occupation OUTDOOR Date Of Driving Pass 22/05/2013 Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Passport No/FIN	F8233772P
Date Of Driving Pass 22/05/2013 Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Date Of Birth	08/06/1978
Driving Experience 5 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Occupation	OUTDOOR
Gender MALE Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Date Of Driving Pass	22/05/2013
Mobile Number (LOCAL) +65-87741623 Fax Number Contact Number	Driving Experience	5 YEARS AND 7 MONTHS
Fax Number Contact Number	Gender	MALE
Contact Number	Mobile Number	(LOCAL) +65-87741623
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 289E BT BATOK ST 25 #03-152

Postcode 654289

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

2

NO

NO

4

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions AFTER RAINED

Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

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)

Passenger 1

NAME:

: UNKNOWN

GENDER: : MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV6105H

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Page 2 of 13

Contact Number Address

Postcode

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- 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:

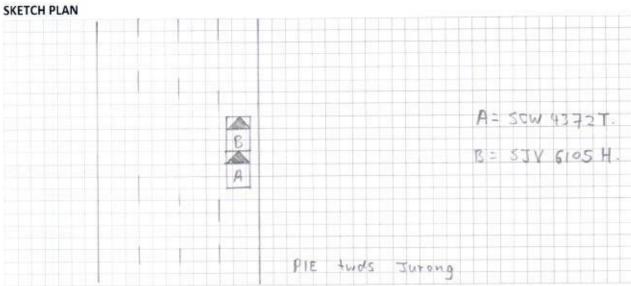
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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.

LYFFE PTE LTD

Policyholder's Signature Date & Time: T

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

NRIC/FIN No .:



Pleuse Refer to Statement

DECLARATION

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

LYFFE PTE LTD

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

I WAS TRAVELLING ALONG PIE TWDS JURONG ON THE SECOND LANE, AFTER I FILTER INTO FIRST LANE, SUDDENLY VEH B (BEARING NO SJV6105H) SUDDENLY JAMED BRAKE, I MANAGE TO STOP BUT CANNOT STOP IN TIME, AS THE RESULT, MY VEH HIT ONTO THE VEH B REAR PORTION.

ACCIDENT STATEMENT

	OCATION: PIE twos Jurong.	
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: SCW 437 2 T	
	b)INSURANCE COMPANY:	
	C)POLICY NUMBER:	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)	
	e)MAKE & MODEL:	
	f)TYPE: (SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)	
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)	
	h)PURPOSE OF USING AT ACCIDENT TIME: Private USC	
	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: LYFFE pte Ltd (MALE/FEMALE)	
	b)NRIC/FIN/PASSPORT:CONTACT: 9006 7922.	
ng 1027	c]ADDRESS:	
	* CONTINUE TO 2 d IS DRIVED AND A DESCRIPTION OF THE PROPERTY	
ic of passenge	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER 3. DRIVER	
personge	ONAME: Song Tinn Hee . (MALE / FEMALE)	
nduding driver		
(4)		1. 0
(4)	C)ADDRESS: OK 289E BT Batok St 25 # 03-152 (5) 650	42
11	CIADDRESS: OIK 289E BT Batok St 25 # 03-152 (5) 650	42
(<u>4</u>)	C)ADDRESS: 01K 289E BT Batok St 25 # 03-152 (5) 650	42
Ti	c) ADDRESS: BIK 289E BT Batok St 25 # 03-152 (5) 650 *d) DATE OF BIRTH: (/	42
FF	c)ADDRESS: BIK 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (/	42
FF	*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: freed.	42
FF	c)ADDRESS: (I)K 289E BT Batok St 25 # 03-152 (5) 650 "d)DATE OF BIRTH: (/	42
1 F F 4 5	*d)DATE OF BIRTH: (/)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRENENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: G)WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rained) b)ROAD SURFACE: (DRY / WET / OTHERS	42
1 1 F F 4 5	*d)DATE OF BIRTH: (/	42
1 1 F F 4 5	c)ADDRESS: (I)K 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (/	42
1 1 F F 4 5	c)ADDRESS: (I)K 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (/	42
1 1 F F 4 5	*d)DATE OF BIRTH: (/	42
FF 4 5 6 7 8 9 passenger	*d)DATE OF BIRTH: (/	42
FF 4 5 6 7 8 of passenger	*d) DATE OF BIRTH: (/)(DD/MM/YYYY) e) OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: D) WEATHER CONDITION: (CLEAR / RAINING / OTHERS After Rained) b) ROAD SURFACE: (DRY / WET / OTHERS WAS ANYBODY INJURED (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: THIRD PARTY VEHICLE d) VEHICLE NUMBER: D) DRIVER'S NAME:	42
FF 4 5 6. 7. 24 passenger luding driver	c) ADDRESS: BIK 289E BT Batok St 25 # 03-152 (5) 650 *d) DATE OF BIRTH: (////	42
FF 4 5 6 7. 24 passenger duding driver 9.	C)ADDRESS: GIK 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (42
FF 4 5 6 7. 24 passenger duding driver 9.	C)ADDRESS: GIK 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (42
of passenger studing driver	C)ADDRESS: GIK 289E BT Batok St 25 # 03-152 (5) 650 *d)DATE OF BIRTH: (42

email = lyffe.jwj@gmail.com fax = video = Yes.





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

EFFECTIVE DATE

Class 2E Motorcycles =< 200 ec
Class 3 Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

Licence No:F8233772P

VISIT PASS Immigration Regulations SONG TIAN HEE Date of Birth Sex 08-06-1978 M MALAYSIAN Date of Expiry Date of Issue F8233772P 07-04-2017 06-04-2019 YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

NP 428A

eBaoTech								GeneralClaim			
Hello, NAC_PAYA_UBI_800	0601		CHICAGO				• Chang	e Language	· Chang	je Password	· Log Out
My Desktop	Poli	cy Query							II.		
Notice of Loss	Policy No. Vehicle No.(For Motor)		SCW43	SCW4372T		Date of Accident Certificate Number					
			Certificate	Policyholder	Policyholder	Search		Vehicle	Insured	Commence	Expiry Date
	Select	Policy No.	Number	Name	NRIC	Product	Cover Type	No.	Object	Date	Expiry Date
		5083035791- 02		LYFFE PTE	201428195H	GFT	Third Party	SCW4372T	SCW4372T	13/04/2018	02/01/2019
						Continue					

Policy 1	Information				
Policy No.	5083035791-02	Policyholder Name	LYFFE PTE LTD	Policyholder NRIC	201428195H
Certificate No.					
ddress	711 GEYLANG ROAD #01-	01 ORIENTAL VENTUR	E BUILDING SINGAPORE	389626	
Product Name	FLEET INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	22/03/2018	Effective Date	13/04/2018 00:00	Expiry Date	12/04/2019 23:59
Third Party Excess	1500.00	Own damage Excess	0.00	Windscreen Excess	0.00
Additional Excess	0	OS Premium	1306.47		
Outside Singapore OD Excess	0.00	Outside Singapore TP Excess	1500.00		
Agent	MAH YEE WEI	Agent Tel.	62221889	GST Flag	Y
Co- insurance Flag Open Policy Info Certificate Info	No				
	der Mailing Address				
Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL VEN	TURE BU Address 3	SINGAPORE 389626
Address 4		Address Type	Singapore address	Post Code	389626
Unit No.	08-82 Object: SCW4372T	Related Policy Number	5106748604		
₩ Endorse					
Sequence	STATE OF THE STATE	Endorsement Type	Endorsement Number	Endorsement Status	Endorsement Content
1	13/04/2018 00:00	Basic Information Endorsement	000001286781204	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SBB1160E 13-04-2018 \$1,128.51 In view of this amendment, an additional premium of \$1,128.51 (inclusiv of GST) is payable under your policy. Please ignore this premium payment request if yo have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque in favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by cash or NETS.
2	13/04/2018 00:00	Basic Information Endorsement	000001286780094	Endorsement Take Effective	Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. SKB7558X 13-04-2018 \$1077.212 2. SCA4945G 13-042018 \$1077.212 3. SCW4372T

Claim Handling								
The premium on this policy has n Accident MT/1027729	at been collected.							
Policy No.	5063035791-02	Vehicle No.	5CW4372T			GST Regis	stration No.	
Certificate No.	344343477	020 - 020 020 03	301113141		83		16400-19100150	
Policyholder Name	LYFFE PTE LTD				1	Policyhold	er NRIC	20142
Product Code	FLEET INSURANCE	Cover Type	Third Party		Policyholder NRIC Loading			0
Contact No.(Mobile)	90067922	Contact No.(Office)			Contact No.(Home)			
Email Address		Special Remark				Code		No *
KFK	- No Yes	TCA	» No Yes			Code Rea	ason	140
NCD Protection	No	NCD Entitlement(%)				Private Hi		No
Report Date	14/01/2019 18:41	Accident Report Within 24 hrs	Yes		,	Accident 1	Type	Collisio
Date of Accident	13/01/2019	Time of Accident hh:mm	20:15				f Accident	Singap
Reporting Centre		Orange Force	V225000			CM No.		200900
Accident Location	PIE TWDS JURONG	9070868*TA50850			335	100 March		
♥ Excess								
Own damage Excess	0.00	Additional Excess	0		- 14	Windscree	en Excess	0.00
Unnamed Driver Excess		Outside Singapore OD Excess	7	0.00	35		A. A	0.00
Third Party Excess	1,500.00				1.500.00			
▽ Benefits	1,300.00			2,300,00				
GST Registered Informa	tion							
GST Registered	No		GST Regist	ration Date				
GST Registration No.			GST Status				Yes	
Modification History								
	iress							
Address 1	711 GEYLANG ROAD	Address 2	#01-01 ORIENTAL	VENTURE BU	Address 3			SINGA
Address 4		Address Type	Singapore address		Post Code		38962	
Unit No.	08-82	Related Policy Number	5106748604					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver					
Unnamed driver Name	SONG TIAN HEE	Driver NRIC	F8233772P		Driver DOB		08/06	
Register Date of Driver License	22/05/2013	Driver Age	40		Driving Experience			5
Contact No.(Mobile)	87741623	Contact No.(Office)			Contact No.(Home)			
Address I	BLK 289E #03-152	Address 2	BUKIT BATOK STRE	ET 25	Address 3			NATUR
Address 4	SINGAPORE 654289	Address Type	Singapore address		P	Post Code		65428
Unit No.	03-152							
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			C	Oriver Ins	urer Company	
Declaration								
Breathalyser or Blood Test Reading?	0 mg	Any Injury?	💮 Yes 🌸 No					
Modification History								
Production Theody								
Claim 001 New								
Claim Type *				OD-MX	•	Insured Name	LYFFE PTE LTD	
SC as the Section of				Gartin.		Name Contact	EITTETTETT	
Contact No.(Mobile)				90053522		No. (Home)		
					-	01		
Email Address						Vehicle Number	SCW4372T	
Claim Description				SCW4372T / SJV6105H (12 - 1 - 2	
Preferred		845		1				
Workshop 0	Insured Liability Preferered	Truny at rout.						
Finalisation Yes		d Workshop, Name unknown report Received	•	100		Claim		
Date Registered	S75355			14/01/2019 18:47		Close		
Report Taken By				LIEW SHAN HUI				
Print AK letter								
			Save Submit					

Claim No.

Attachment

MT/1027729 Last Doc. Received Yes No Upload Date 14/01/2019 18:48 Path * Category * Confidential Urgency * · NO Choose File No file chosen Clear ▼ Normal • Please Select Choose File No file chosen * NO Normal • Clear Please Select Choose File No file chosen Clear * NO * Normal Please Select ▼ NO Choose File No file chosen Normal Clear Please Select Choose File No file chosen Clear Please Select * NO Normal Choose File No file chosen * NO * Normal Clear Please Select Message Read Attachment Category Description Uploaded By/Date Urgency 100 c. NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48 NRIC/ Driving License NRIC/ Driving License 2019-1-14 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48 SAS 2019-1-14 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:48 Photos Normal Photos 2019-1-14 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019-18:47 Photos Normal Photos 2019-1-14 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47 Photos Normal Photos 2019-1-14 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18-47 Photos 2019-1-14 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) e 14 Jan 2019 18:47 Photos Photos 2019-1-14 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47 Photos 2019-1-14 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 14 Jan 2019 18:47 Photos Normal Photos 2019-1-14

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