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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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.
- 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 hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

Section of the second section of the section of the second section of the section o	ACCIDENT STATEMENT
Date Of Report	21/02/2019 17:55
Date Of Accident	08/01/2019 07:00
Exact Location Of Accident	SLIP ROAD FROM CLEMENTI AVENUE 5 TO CLEMENTI AVE 2
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFS4653T
Insured/Policyholder	
Name Of Registered Owner	LOUISA SUN JIN
NRIC No	S8570950Z
Email Address	YUEL,SUN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98386950
Alternative Phone No	OTHERS-98386950
Vehicle Particulars	
Manufacturer	KIA
Model	PICANTO
Exact Purpose for which vehicle was being used at time of accident	DRIVING TO WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070204791-03
Cover Note Number	
Driver	
Name of Driver	LOUISA SUN JIN
NRIC No	S8570950Z
Date Of Birth	26/04/1985
Occupation	INDOOR
Date Of Driving Pass	23/03/2004
Driving Experience	14 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98386950
Fax Number	
Contact Number	OTHERS-98386950

YUEL.SUN@GMAIL.COM

Address

BLK 317 CLEMENTI AVENUE 4

#02-109

Postcode

120317

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?

Number of vehicles (including own vehicle) involved in the accident

NO.

involved in the accident

NO

Was any body injured in the Accident?

000.710.1

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

PLEAS 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

SJH6720E

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.
- 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.
- 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
 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 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:
 - 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:

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

IPLAN	ctevent:	Ae L
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48		A) SFS 46537 B) SJH 6720E
		B) SJH 6720E
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sig was.	I My driver qued	≤ 10 km/hr
		7
ECLARATION We declare the foregoing particula	ars are true in every respect.	1/ 1/2 /0019
M vc		Reporting Centre Personnel's Signatur
- M		

Policyholder's Signature
Date & Time:
(9/2/2019 2pm)
GIARAIC SUPERINGER OFFER , V3

Claim Handling Accident MT/1030018 Pokey No. 9070204791-03 Vehicle for 9294651T SST Registration No. Certificate No. Policybolder Name COURS SUNTIN Policyhelder NRIC 58570950Z Product Code PRIVATE CAR INSURANCE Cover Type Third Party, Fire & That Loading Contact No.(Multile) 98386950 Contact No.(Office) Contact No.(Home) Email Address Special Remark **eCode** No.* wCode Heason ere e No. Yes NCD Protection NCD Entitlement(%) Yes 50 Private Him Not available P Accident Details Report Clate 24/61/2019 14:07 Accident Report Within 24 hrs. Actident Type Collidon - Head to Rear Date of Accident 9(00)10)83 Time of Accident his min. 07:20 Country of Accident Singapore Reporting Centre Orange Force ICH No. Accident Lecation CLEMENTS AVE 5 TURNING INTO CLEMENTS AVE 2 Owe damage Excess Additional Excess Windscreen Excess 0.00 6.00 Unnamed Driver Excess 0.00 Outside Singapore OD Excess 2.00 Third Party Excess Outside Singapors TP Excess T Benefita ST Registered Information **GST** Registered G57 Registration Date GST Agglatration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 CLEMENTS AVENUE 4 BLK: 317 #02-109 Address 2 Address 3 SINGAPORE LIGHT Address 4 Address Type Simpapore address Pest Code 120317 Ont No. 03-109 Related Policy Number 5070204791-03 ₩ Of Driver Info Driver Name Louise Sun Main Drive Driver DOB S8570950Z 26/04/1985 Register Date of Driver License. 23/03/2004 Driver Age 33 Driving Experience Contact No.[Mobile] 88386950 Contact No (Office) Contact No.(Home) Address 1 BLN 317 #02-109 Address 2 CLEMENTI AVENUE 4 Address 3 SINGAPORE 170317 Address 4 Address Type Eingapere address Post Code 120317 Unit No. Does he own a Singapore Registered car? Ter - No Driver Vehicle No. Driver Draurer Company Breethalyser or Blood Test. Reading? Any injury? Yes in No. Modification History Claim 003 Haw Claim Type * OD-HX * Insured LOUISA SUN JIN Inturest NRIC 585709502 Contact No.(Mobile) 98366950 57745358 PV11. Email Address eutsa.sun@ymail.com 37546537 SINGTINE Claim Description SP\$46537 / S3H6720E ON II Jan 2019 Instrumed Liabelity | Fully at Fault * Repair | Professed Workshop GIA Received Preferred Workshop, Name unin Date 22/02/2019 00:00 Received Date Registered 22/02/2019 09:17 Report Taken By **NOSLI WAHAB** W. Print AK letter Save Submit Attachment Acadelent No. HT/1030018 Chem No. Last Doc. Received * Yes D No Upload Date 33/03/2019 09:41 Path 3 Category * Description * Choose File No file chosen * NO * Normel Cest Please Select Chaose File No file chosen + NO * Normal Clear Please Select Choose File No file chosen Chier Please Swiert Y. NO * Nurmal ٠ # | Normal Chance File No file chasen Chiar Please Select * NO + Choose Flie No file chosen * 100 ٠ • Clear Please Select Normal Choose File No file phosen * NO * Normal + Clear Please Select Hessage Read **▽** Attachment List Hug Sent? (CO) Ŷ Attachment Uplanded By/Date Category Singaracy Description NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 22 feb 2019 09:41 SAS 5AS 2019-2-22 Normal NAC_BUNTT_MERAH_BD0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNTT MERAH)) on 22 Feb 2019 09-27 Photos 2019-2-22 NAC_BUNIT_MERAH_BIOGPS(NATIONAL ASSESSMENT CENTRE SERVICE S (BUNIT MERAH)) on 22 Feb 1019 09:37

Claim Handling(Claim Task)

	National By/Date	Folder Date		File Name		9	Source	Action
at:								
	NAC_BURIT_MERAH, 800678(NATIONAL ASSESSMENT CENTRE SERVICE 5 (RURIT MERAH)) on 22 Feb 2019 09:37		ARIC/ Driving License		Normal	HRIC/ OHA	ing License 2019-2-22	
	NAC_BUNIT_MERAH_BD0676(NAT S (MUNIT MERAH))	TONAL ASSESSMENT CENTRE SERVICE on 23 Feb 2019 09:37	NASC/ Driving License		Normal		vig Literate 2019-7-72	
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	NAC_BUKTT_MERAM_800676(NAT S (BUKTT MERAM))	IONAL ASSESSMENT CENTRE SERVICE on 22 Feb 2019 09:37	Photos		Normal	Pto	404 5018-5-15	
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1	NAC_BUNIT_MERAH_BOOK/NE NAT S (BUNIT MERAH))	IDAAL ASSESSMENT CENTRE SERVICE on 22 Peb 2019 09:37	Photos		Normal	Pho	ness 2019-2-22	
,	NAC_BUNIT_MERAH_800676(NAT S-(BUNIT MERAH)	TONAL ASSESSMENT CENTRE SERVICE on 22 Feb 2019 09-37	Photos.		Normal	Pro	Now 2019-2-22	
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ACCIDENT STATEMENT

ACCI	DENT DATE	101 /2019 11DD/MM	(7YYY), TIME:(07 : 00	1/HH-MM)
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and a second			1.)	-
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	a) VEHICLE -NU	MBER: 01>4653	A N. A. Company of the Company of th	
(6)	b)INSURANCE		uc Income	
	C)POLICY NUM			
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	B) MAKE & MOD	DEL: NA FIGARIO	A STATE OF THE STA	haber had
	1)TYPE:(SALOON	V/COUPE/MPV/VAN/	LORRY / MOTORCYCLE./	OFHERS!
	.g) VEHICLE CAT	EGORY: (PRIVATE) COM	MERCIAL / MOTORCYCLE	
	IN PURPOSE OF	USING AT ACCIDENT TIME	drying to work	_
	IF NO BUTAGE	MING UNDER YOUR OWN	INSURANCE (YES/NO)	
2	INC, PLEASE	STATE (THIRD PARTY CLAIR	M / REPORTING ONLY)	**
4.,	A) NAME:	4		
		LOUISA SUN	(MALE / F	
		SPORT: SP5709507 BAK 317 Clements H		1386950
6 00 00	CINDURESS	BIT 311 CRANCALL A	ne 4 #02-109	2 (15031)
(510 049	* CONTINUE TO	3.d IF DRIVER ALSO POLICE	VUOIDED :	
*Ho of passong 3	Ph. Ph. 13 / W. m.		THOLDER	30
Chiefodi I	a) NAME:	abone.		
(Including driver)	b)NRIC/FIN/PAS	SPORT:	(MALE / FE	MALE
	CIADDRESS:		CONTACT:	
E 2	"d) DATE OF BIRT	H: 126/04/1985)	(DD/MM/YYYY) ·	
	e)OCCUPATION	: (INDOOR / OUTDOOR)	- 1 - 1	7
	DATE OF DRIV	ING PASS	23 5 2004	
4.	WAS DRIVER A	N EMPLOYEE OF THE IN	SURED'S COMPANY? (YE	ES / (00)
	IF NO, RELATIO	NSHIP OF THE DRIVER	WITH INSURED: OWN	w
5.	DOAD SUBSA	DITION: (QLEAR / RAININ	G / OTHERS	
× 1	ALE ANIVEORY	E: (DRY) / WET / OTHERS_		
7. 0	VAS ANTBODT I	NJURED (YES / 40)		
5.7 S	IF YES DIEASES	OLICE (YES /NO)		
8. T	HIRD PARTY VEHI	TATE WHICH POLICE STAT	ION:	*
the of passenger	a) VEHICLE NUA	MBER: 57 H 6720	E	
(Including driver)	b) DRIVER'S NA	ME:	MODEL:	
(1)	C) NRIC/FIN/PA		CONTACT:	
9. TI	HIRÖ PARTY VEHI	CLE	00/1/1/01/	
	d) VEHICLE NUM		MODEL:	8.4
(Ind. to the S				
(Including driver)	NRIC/FIN/PA	SSPORT:	CONTACT:	
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(D.S		MV	*)	
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163	. 1	email = well co	· agnail . an	
10	43	THE PARTY IN	nagmail . an	
1.7		VIDEO		

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S 8 5 7 0 9 5 0 Z Name:

LOUISA SUN JIN

Birth Date: 26 Apr 1985

Issue Date: 23 Mar 2004

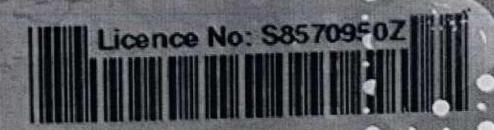


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

23 Mar 2004

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



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8570950Z





Name

LOUISA SUN JIN

孙 锦

Race

CHINESE

Date of birth

26-04-1985

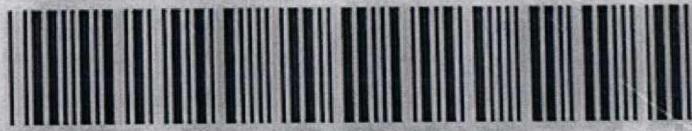
Country/Place of birth

CHINA

Sex

F







NRIC No. S8570950Z

Date of issue

05-12-2015

Address

APT BLK 317 CLEMENTI AVENUE 4 #02-109 SINGAPORE 120317

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