#### 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.
- 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	02/04/2019 16:03		
Date Of Accident	17/03/2019 09:35		
Exact Location Of Accident	BEDOK SOUTH AVE 1 TOWARDS NEW UPPER CHANGI RD		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SGH8310C		
Insured/Policyholder			
Name Of Registered Owner	TAN SEE LIN		
NRIC No	S0061101H		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-97331101		
Alternative Phone No	OTHERS-97331101		
Vehicle Particulars			
Manufacturer	ТОУОТА		
Model	COROLLA ALTIS-1.6 (A)		
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD		
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT		
Fleet Policy	NO		
Policy Number	5071975020-03		
Cover Note Number			
Driver			
Name of Driver	LOW KAM SENG		
NRIC No	S0027282E		
Date Of Birth	05/05/1953		
Occupation	INDOOR		

Occupation **INDOOR Date Of Driving Pass** 06/01/2015

4 YEARS AND 2 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-97331101

Fax Number

Contact Number OTHERS-97331101

**EMail Address NOEMAIL** 

**BLK 28 ALEXANDRA ROAD** Address

#32-12

Postcode 158744

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE** 

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

#### **General Information of the Accident**

NO COLLISION Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WIFE

GENDER: : FEMALE

#### **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**

ON 18/03/2019 I RECEIVED A LETTER FROM NTUC SAYING THAT I HAVE BEEN INVOLVE IN AN ACCIDENT ON 17/03/2019 WHICH I REALLY DID NOT KNOW ABOUT ANY ACCIDENT THAT ALL

#### 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 SHC3227H

Vehicle Make/Model/Colour

**Details Of Properties** 

**TAXI** Vehicle Category

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### **Accident Sketch Plan**

#### SKETCH PLAN

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- 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: -Driver Synature

(If driver is not the policyholder)

Date & Time:

eporting Centre Personn

Name:

NRIC/FIN No.:

## **Accident Sketch Plan**

KETCH PLAN				
	MNK	Course	N	
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	1.0		
Cathyl	20 SIMEMA	ıM']		
/				
PECLARATION  We declare the foregoing part	iculars are true in Aest Pespe	ct.	1	,
	#		av osle	20/2019
olicyholder's Signature Date & Time:	(If driver is not the po Date & Time:	licyholder)	Reporting Centre Personnel Name: NRIC/FIN No.:	I Works

#### **LETTER**



Traffic Police 10 Ubi Avenue 3 Singapore 408865 Tel +65 6547 0000 www.police.gov.sg

Date: 25 MAR 2019



RX111722625SG

00006

Our Ref: S0027282F



BLK 28 ALEXANDRA VIEW UNIT 32-12 SINGAPORE 158744

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Dear Sir / Madam

# RESULT OF DIPS 1 RETRAINING COURSE AND SUSPENSION OF DRIVING LICENCE

We are pleased to inform you that you have passed your DIPS 1 retraining course on 22 Mar 2019. Your suspension period has been reduced from 12 weeks to 01 weeks.

- 2 Please surrender your driving licence to the Licensing Branch at Traffic Police on weekdays from 8.30am to 1.00pm and from 2.00pm to 5.00pm within 14 days from the date of this letter.
- 3 You are reminded that driving under suspension is a serious offence that carries a fine not exceeding \$5,000 or an imprisonment for a term of 12 months or both.

Yours faithfully

## HEAD TESTING AND LICENSING BRANCH THAFFIC POLICE

This is computer generated and does not require a signature.

NP778 A FORCE FOR THE NATION













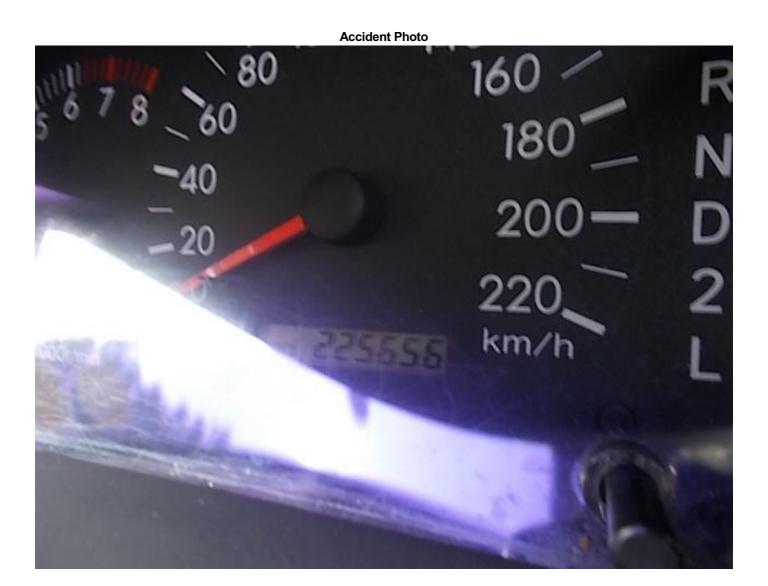


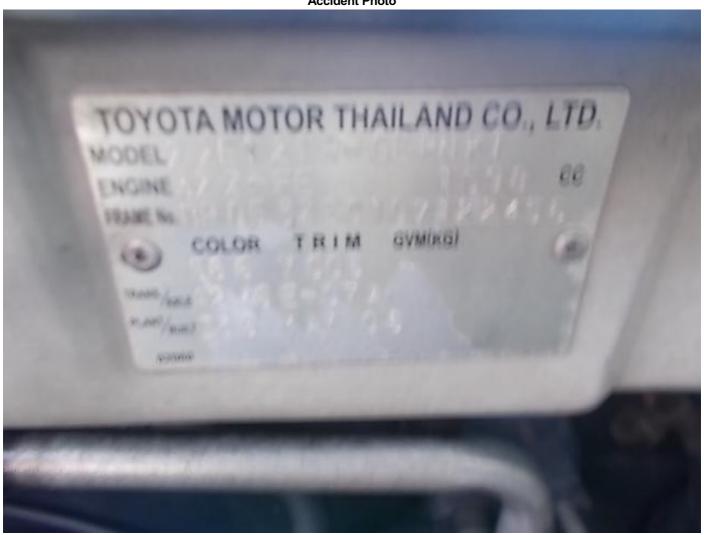












#### **Identification Card**







LOW KAM BEND







CHARLES CHARLES STREET, CG-02-1883 Charles Charles SIMGAPORE





5525552



-- 50027282E



21-28-2018

BLK DE ALEXANDRA WEW ASS-12 SINGAPORE 158744

NRG No. 2802/2820

New 12/94/2010

This card-is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request if found, please return to LTA. 10 Sm Ming Drive, Singapore 578701.

Type

Description.

Josep Date

12

TAXE VI.

11/10/2018

