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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.
- 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 iodgement 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	10/04/2019 17:04	
Date Of Accident	09/04/2019 11:15	
Exact Location Of Accident	AT MANDAI CREMATORIUM CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	4
Mahiata Daylota H		

WE THE STANSON SERVICE	DETAILS OF OWN VEHICLE	1
Vehicle Registration Number	SGN6631H	
Insured/Policyholder		
Name Of Registered Owner	SEE TOH LAI YING	
NRIC No	S1747695E	
Email Address	JESSICASEETOH@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-90600538	
Alternative Phone No	OFFICE-90600538	
Vehicle Particulars		
Manufactures	TOWATA	

	1
Alternative Phone No	OFFICE-90600538
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRAYER QING MING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	

Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage Fleet Policy	COMPREHENSIVE			
Fleet Policy	NO			
response to months of the common				

Policy Number 5024683846-11

Cover Note Number

Driver

Name of Driver	SEE TOH LAI YING
NRIC No	S1747695E
Date Of Birth	30/01/1966
Occupation	INDOOR
Date Of Driving Pass	10/10/1990

Driving Experience 28 YEARS AND 5 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90600538

Fax Number Contact Number

OFFICE-90600538

EMail Address JESSICASEETOH@GMAIL.COM Address

41 JURONG EAST AVENUE 1

#14-03

Postcode

609777

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 (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

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)

2

Passenger 1

NAME:

: HUSBAND

GENDER:

: MALE

**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

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SBP6676C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TEH HAU TICK

NRIC/Passport Number

S6827174F

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
  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's Signature

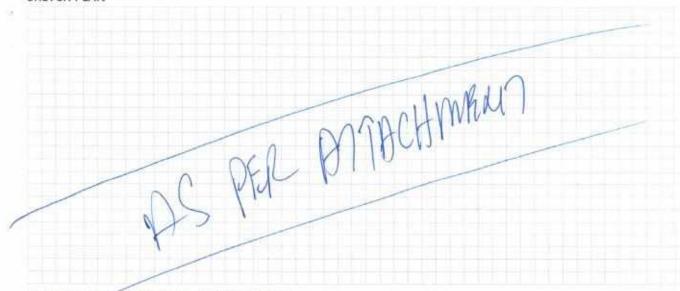
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
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at Mandai Crematorium carpark. When I was about
to reverse my con for parting suddenly a car
A Mandai Crematorium carpark when I was about to reverse my car for parting sholderly a car with no plate SBP 6676C drive pass my car and hit my front right bumpler as you refer to the attached diagram.
hit my front right bumper as you refer to
the attached diaman.

#### DECLARATION

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:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

HATHAC JAHOORSH FEHR WIL

REJUMBER 12 MONDO! CRUMA PORIUM, CORPORK SBP 6676C

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#### Claim Handling( Claim Task )

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Display in New Window Scan and uploading

#### rsbm

From:

Desmond Foo Guo Hui <desmond.foogh@income.com.sg>

Sent:

Monday, 15 April, 2019 7:31 PM

To:

rsbm@lkkauto.com

Subject:

SGN6631H -09/04/2019 (Recreate file)

Hi

The file was created with a wrong DOA as 10/04/2019. The correct DOA is 09/04/2019.

There is an existing file, MT/1040276.
Please select this number and click on 'Create New claim'.

Please take note on the file accuracy please.

#### **Desmond Foo**

Assistant Manager, Motor Insurance T+65 6430 7976 www.income.com.sg











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### ACCIDENT STATEMENT

ACCIDENT DATE:	09,04,2019 HOD/MMMYYN, TIME: (11.15)	HH:MM)
LOCATION:/	ANDAI CREMATORINA CAPPARK	W #
1. DETAILS OF	F VEHICLE	721 2527
. b)INSURAN	ICE COMPANY: N 74°C	15
CIPOLICY		anna ann a
e)MAKE &	TYPE: COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &	THEFT)
	OON / COUPE / MPY / VAN / LORRY / MOTORCYCLE / OTH	ichel
.g)VEHICLE	CATEGORY: (RRIVATE) COMMERCIAL / MOTORCYCLE	S
* NIPORPOSE	OF USING AT ACCIDENT TIME: PRAYER QNG	ING.
) ARE YOU	CLAIMING UNDER YOUR OWN INSURANCE LYES INCH	
IF NO, PLE	ASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	¢:
Z. INSURED / P	OLICY HOLDER	7.
	(MALE (FEMA	ALE!
	PASSPORT: 3/447673E CONTACT: 9ET	
VIPDAVIC	#14-03 S(669777)	
*CONTINUE	TO 3.d IF DRIVER ALSO POLICY HOLDER	7
The of passanger DRIVER	As above	
(Including driver) O) NAME: b) NAME: b) NRIO/FIN/	(MALE / FEMA	LE)
(2) CIADDRESS:		
200000	Mary Mary Company of the Company of	
OPTE OF	BIRTH: (30, 01, 1966)(DD/MM/YYYY)  TION: (NDOOR OUTDOOR)  DRIVING PASS 1004 1990  ER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES)	(NO)
IF NO, RELA	TIONSHIP OF THE DRIVER WITH INSURED: OWNER	
S. O)WEATHER	CONDITION; (CLEAR) RAINING / OTHERS	
A WAS ANYON	FACE: DRY / WET / OTHERS	
7. alreported	DY INJURED (YES / NO) TO POLICE (YES / NO)	
IF YES, PLEA	ASE STATE WHICH POLICE STATION:	
O THE PARTY	VEHICLE	
No of passenger a) VEHICLE	NUMBER: SBP 6676 C MODEL:	
Induding driver) b) DRIVER'S	0/055/77/5	
() " c) NRIC/FIN	N/PASSPORT: S6823/74F CONTACT:	
9. THIRD PARTY		
the state of the s		
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2/9	email = James (10)	
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#### REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1747695E





SEE TOH LAI YING

司徒丽英

CHINESE

30-01-1966

SINGAPORE

14-08-1993

41 JURONG EAST AVENUE 1 #14+03 SINGAPORE 609777 NRIC No: \$1747695E Outs: 04/01/2011 No: 6570381

1195309

# REPUBLIC OF SINGAPORE DRIVING LICENCE



Norma Names S1747695E

SEE TOH LAI YING

Buth Date: 30 Jan 1966

Issue Date: 17 Sep 2003

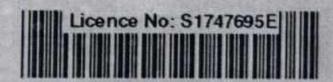


## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

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

10 Oct 1990



NP 428A

<b>eBao</b> Tech			HE	1						Gener	alClaim
Hello, NAC_BUKIT_MERAH My Desktop Notice of Loss	CHANGASANA	cy Query					+ Chan	ge Languag	e ' Chan	ge Password	· Log Ou
10000 01 2000	Policy I Vehicle	No.(For Motor)	SGN66	31H			of Accident	er	09/04/2019	09:34	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	P. 11	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5024683846+ 11		SEE TOH LAI YING	S1747695E	GPC	Third Party, Fire & Theft	SGN6631H	SGN6631H	24/11/2018	23/11/2019



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580

Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00

UEN: \$66550020 J GST Reg. No: M400017735

IMPORTANT NOTE: Please submit the completed Addandum form to the same Authorised Reporting Centre with whom you submitted the Original Report. .:

		ADDEN	DUM	,f 3	
PARTICULA	ARS OF PERSON MAKING	GTHEAMENDMEN	iTS:	+8	74
Original Re	port No : Mugue	9046938	Vehicle Registra	tion No: SGN 6	6631 14
Name(as sho	OWNIN NRIC): SKY TEST	COT Your	NRIC/FIN/Passp	ort No : 3174	7695E
(*Vehicle D	river/Vehicle Owner)	*) Please delete as			
Address				Singa	norel
Contact (Te	el) :		Mobile No. :_	20600538	F-1-1)
Emall Addr	70 GUTTERSON TO THE TOTAL TO TH				
Date of Acc	09/01/2	OS.	Time of Acciden	t: 11:15	-
Place of Ac	no non	2000 CRAP	1A9aRum (A	floar_	
Insurance (	Company: Muc				
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