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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number Contact Number

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.
- 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.
- 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	24/05/2019 15:13
Date Of Accident	23/05/2019 22:10
Exact Location Of Accident	JUNCTION OF ALEXANDRA ROAD/COMMONWEALTH AVENUE
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC4114U
Insured/Policyholder	
Name Of Registered Owner	FIONA LOUISE EDWARDS
Passport No/FIN	F1105331U
Email Address	FEDWARDSBROWN@GMAIL.COM
2501000 1211 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(LOCAL) +65-92339670
Alternative Phone No	OTHERS-92339670
Vehicle Particulars	
Manufacturer	RENAULT
Model	KOLEOS
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099121039-01
Cover Note Number	
Driver	
Name of Driver	FIONA LOUISE EDWARDS
Passport No/FIN	F1105331U
Date Of Birth	24/11/1976
Occupation	INDOOR
Date Of Driving Pass	18/04/2013
Driving Experience	6 YEARS AND 1 MONTH
Gender	FEMALE

(LOCAL) +65-92339670

FEDWARDSBROWN@GMAIL.COM

OTHERS-92339670

Address

79 FARRER DRIVE

#03-04 SOMMERVILLE PARK

Postcode

259283

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)

NO 2

involved in the accident

NO

Was any body injured in the Accident?

...

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)

1000

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

SBQ1157L

Vehicle Make/Model/Colour

RENAULT GRAND SCENIC

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HO HAN MENG CHRISTOPHER

NRIC/Passport Number

S6926784Z

Contact Number

91277063

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

ate & Time: //. 2.2

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

NRIC/FIN No.:

	Commonwe	uth Avenue	
Green 1 town for your of the contract of the c	Bland Bland	Red Light Amow for turning right right	B) SDC Y114U B) SDQ 1157L

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Alexandra road on 23 May. At
approximately 22:10 1 approached the junction
with Common wearth serve. My indicator was on
to turn right onto Commonwealth Are and I
Stopped at the font of the junction as it was a
red arrow for traffic turning right. The
traffic going straight had a green light.
77 0 0
I was positioned in the left lane of the two
car behind me hit the back end of my car.
car behind me hit the back end of my car.
The driver and I immediately exchanged
do fo is the about the last second a fell
also, Then I drove comefully have to
79. famer Drive

DECLARATION

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

Policyholder's Signature

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

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

NRIC/FIN No.:

Claim Handling

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	110 Year 100	S (SUKIT MERAH) on 24 May 2019 15:29	NTRE SERVICE NRIC/ Driving Li	CHINA	hiunnal	NAME	2 Driving License 20	19-5-24		
		IRIT_MERAH_800676; NATIONAL ASSESSMENT CE 5 (BURIT MERAH)) 64 24 May 2019 15:29	NTRE SERVICE NRIC/ Driving Li	CHINA	Normal	HRIC	Orlaing Litense 20	19-1-24		

Claim Handling(accident reporting Claim Task)

	Uplnaded By/Date	Folder Date	File	Name	7	Source
174	W. III. September 1					
	NAC_BUKIT_MERAH_B00676(NATIO S (BUKIT MERAH)) o	NAL ASSESSMENT CENTRE SERVICE : 24 May 2019 15:22	Photos	Recomad:	Photo	m 2019-5-24
	NAC_BURIT_MERAH_B00676(NATIO S (BURIT MERAH)) o	NAL ASSESSMENT CENTRE BERVICE) 24 May 2019 15:22	Photos	Normal		m 2019-5-24
	NAC_BURIT_MERAH_BOOGTE(NATSO S (BURIT MEDUH)) or	NAL ASSESSMENT CENTRE SERVICE T 24 May 2018 15:22	Photos	Normal	Minut	ns 2019-3-24
	NAC_BUKIT_MERAH_800676(NATSO \$ (BUKIT MERAH)) D	NAL ASSESSMENT CENTRE BERKICE 1 34 May 2019 15:22	Photos	Pourmad		s 2019-5-24
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	NAC_BUNIT_MERAH_800676[NATIO S (BURIT MERAH)) or	24 May 2019 15:23	Photos	Normal	Photo	ss 2019-5-24
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	NAC_BURIT_MERAH_800676(NATIO S (BURIT MERAH)) N	NAL ASSESSMENT CENTRE SERVICE 24 May 2019 15:23	Photos	harmal	Photo	e 2013-5-24

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Action

ACCIDENT STATEMENT

ACCIDENT DATE: 23,05,2019 (DD/MM/YYY), TIME: (22:10)(HH:MM)
LOCATION: Junction of Alexandra Road + Commonwealth Ave
1. DETAILS OF VEHICLE a) VEHICLE NUMBER: STC4114U b) INSURANCE COMPANY: NTUC c) POLICY NUMBER: 5099121039-01 d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT)
6)MAKE & MODEL: Renault - Koleos ()TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) 6)VEHICLE CATEGORY:(PRIVATE / COMMERCIAL / MOTORCYCLE)
I) PURPOSE OF USING AT ACCIDENT TIME: PROUDER WATER USE I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESKING) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
a)NAME: Flora Louise Edwards (MALE REMALE) b)NRIC/FIN/PASSPORT: F 11 05 33 LM CONTACT: 92339670 c)ADDRESS: 79 Favor Drive 03-04 Sommerville
CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER PARC (S) 259 283 CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ON AME:
(1) CINCLUDING driver) GINAME:
e)OCCUPATION INDOOR OUTDOOR) 8 /94/2918
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OUNGED: OUNGED:
6. WAS ANYBODY INJURED (YES /NO) 7. G) REPORTED TO POLICE (YES (NO)) IF YES, PLEASE STATE WHICH POLICE STATION:
8. THIRD PARTY VEHICLE O) VEHICLE NUMBER: SBQ 1157 L MODEL: Renaut Grand Scenic (Including driver) b) DRIVER'S NAME: HO Han Man Christopher (1) PARTY VEHICLE O) VEHICLE NUMBER: SBQ 1157 L MODEL: Renaut Grand Scenic (Including driver) b) DRIVER'S NAME: HO Han Man Christopher O) NRIC/FIN/PASSPORT: S69267842 CONTACT: 9127 7063
Mo of passanger d) VEHICLE NUMBER: MODEL: (Including driver) DRIVER'S NAME: CONTACT::

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EMPLOYMENT PASS
sent of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

ESSINTERNATIONAL SCHOOL FTE LTD.



PIONA LOUISE EDWARDS







VISIT PASS PIONA LOUISE EDWANDS FITOSSSTU Date of Birth 24-11-1976





YOU ARE LICENSED TO GRIVE VEHICLES IN THE FOLLOWING CLASSIES!



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

: 5099121039-01

The Policyholder

: FIONA LOUISE EDWARDS

79 FARRER DRIVE

#03-04 SOMMERVILLE PARK

SINGAPORE 259283

Period of Insurance

: 21 Mar 2019 To 20 Mar 2020

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: S\$1,639.50

Interest Insured

Cover Type

: drivo CLASSIC

Primary Driver

: FIONA LOUISE EDWARDS

Named Driver (1)

: N/A

Named Driver (2)

+ N/A

Capacity : 2500cc

Make/Model Registration Number

Chassis Number

RENAULT/KOLEOS : VF1VY0C0VUC284243

Registration Year : 2010 Off-peak Car : No Off-peak Car

Repair at Owner's Preferred Workshop: No

Insure with COE : Yes

Excess (Section 1)

: S\$600

NCD Entitlement : 30%

NCD Protection : No

Excess (Section 2) Windscreen Excess : N/A

: \$\$100

Additional Excess

: N/A

Unnamed Driver Excess

Please refer to Terms and Conditions : MAYBANK SINGAPORE LIMITED

Hire Purchase Company

Optional Cover Transport Allowance

: No

Excess Waiver

: No

Memo A: N/A

Endorsement Operative: N/A

: AURIC INSURANCE AGENCY PTE, LTD. (00000572648)

Agency

Date of Issue

: 21 Jan 2019 14:27 hrs

Reprint

: 24 May 2019 08:57 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