

## 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 withholding 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	08/06/2019 14:55
Date Of Accident	08/06/2019 13:50
Exact Location Of Accident	CTE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLN5200R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LAU SIANG NOY
NRIC No	S0127352C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98277970
Alternative Phone No	OTHERS-98277970

### Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4 S-CROSS 1.6 CVT 4WD S/R
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	5099842720-01
Cover Note Number	

### Driver

Name of Driver	LAU SIANG NOY
NRIC No	S0127352C
Date Of Birth	07/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	23/04/1975
Driving Experience	44 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-98277970
Fax Number	
Contact Number	OTHERS-98277970
EEmail Address	NOEMAIL

Address	50 BUKIT BATOK EAST AVENUE 5 #10-07
Postcode	659801
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?	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)	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

PLS REFER TO THE ATTACHED STATEMENT.

#### 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	SKC5212B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMED ALI AKBAR
NRIC/Passport Number	S7871229E
Contact Number	90612527
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### SKETCH PLAN

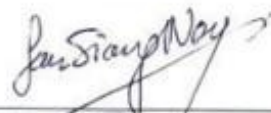
#### IMPORTANT NOTICE

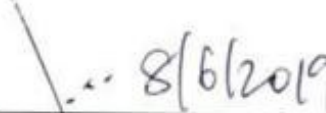
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:
  - (i) 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.

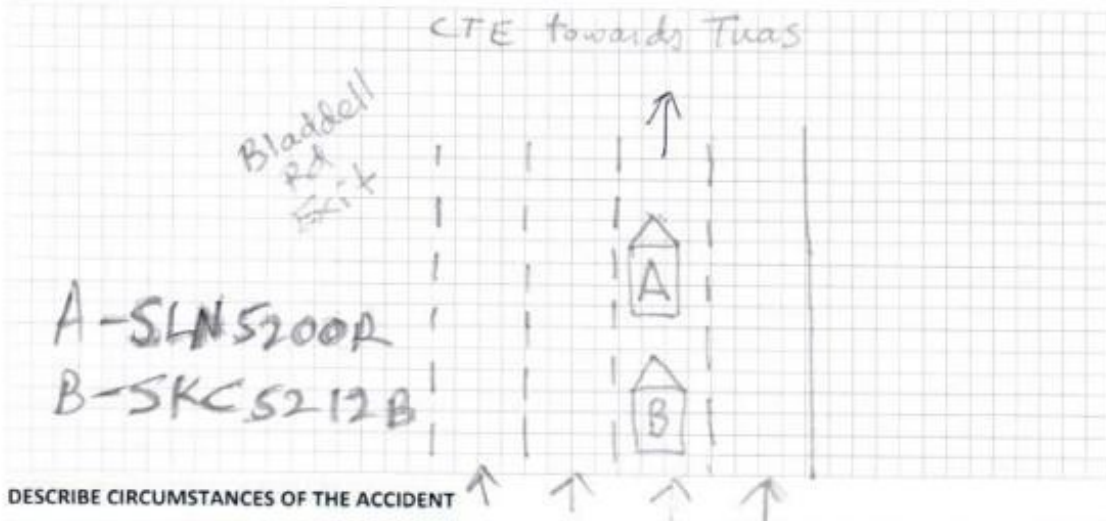
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: 8/6/2019  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/6/2019, Saturday, about 1350hr, as I was driving car A, SLN 5200R, in the 2nd outer lane of CTE before Bladdell Rd Exit, the van in front of me suddenly slowed down and so I slowed down too. Mr. Mohamed Ali Akbar, S7871229E, who drove a Black Toyota Picnic SKC 5212B (vehicle B) did not slow down in time and crash into the rear of my car A and damaging it, the rear portion badly.

### DECLARATION

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

*Juan Siang Nayan*  
 Policyholder's Signature  
 Date & Time:

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

*8/6/2019*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



10 Sin Ming Drive Singapore 575701  
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

08 May 2017

Our ref 0805170101N027025236

LAU SIANG NOY  
50 BUKIT BATOK EAST AVENUE 5  
#10-07  
SINGAPORE 659801



Dear MS LAU SIANG NOY

#### NOTIFICATION ON REGISTRATION OF VEHICLE AND ROAD TAX

We wish to inform you that you have successfully registered vehicle SLN5200R on 08 May 2017. The Business Transaction Reference No. is 20170508081207972255.

2. The following are the key owner and vehicle particulars for the vehicle. The full particulars are given at Annex A. Please check and ensure that the details are correct.

- |     |                         |  |
|-----|-------------------------|--|
| 1.  | Name                    | : LAU SIANG NOY  |
| 2.  | Identification No. Type | : Singapore NRIC   |
| 3.  | Identification No.      | : S0127352C  |
| 4.  | Place Of Passport Issue | : -  |
| 5.  | Registered Address      | : 50 BUKIT BATOK EAST AVENUE 5<br>#10-07<br>SINGAPORE 659801   |
| 6.  | Mailing Address         | : -  |
| 7.  | Vehicle No.             | : SLN5200R   |
| 8.  | Vehicle Type            | : P10 - Passenger Motor Car  |
| 9.  | Vehicle Scheme          | : Normal   |
| 10. | Vehicle Make            | : SUZUKI   |
| 11. | Vehicle Model           | : SX4 S-CROSS 1.6 CVT 4WD S/R  |
| 12. | Remarks                 | : This vehicle is eligible for PARF.<br>To renew the COE, the Prevailing Quota Premium payable<br>is that of Category A. |

3. You can login to LTA's e-Services@ONE.MOTORING (<http://www.onemotoring.com.sg>) to access a wide range of vehicle-related services using your SingPass 2FA or CorpPass 2FA. For firm and organisation, you can also login using your LTA-issued User ID & Password (up till 30 Sep 2017) or EASY (up till 31 Dec 2017). A separate Transaction PIN is required for the following transactions via the Internet or at our Electronic Service Agents. Please apply for your Transaction PIN before performing any of these transactions. Visit <http://www.onemotoring.com.sg> > LTA Information & Guidelines > Transaction PIN & User Account for more information about obtaining Transaction PIN and the documents needed (e.g. Board Resolution for company).

- Vehicle PIN - Transfer of Ownership and De-registration of Vehicle
- TCOE PIN - Transfer of TCOE (For Category C and E COE bid under individual)
- Rebate PIN - Transfer and Splitting of PARF/COE Rebate

Accident Photo



Accident Photo



Accident Photo





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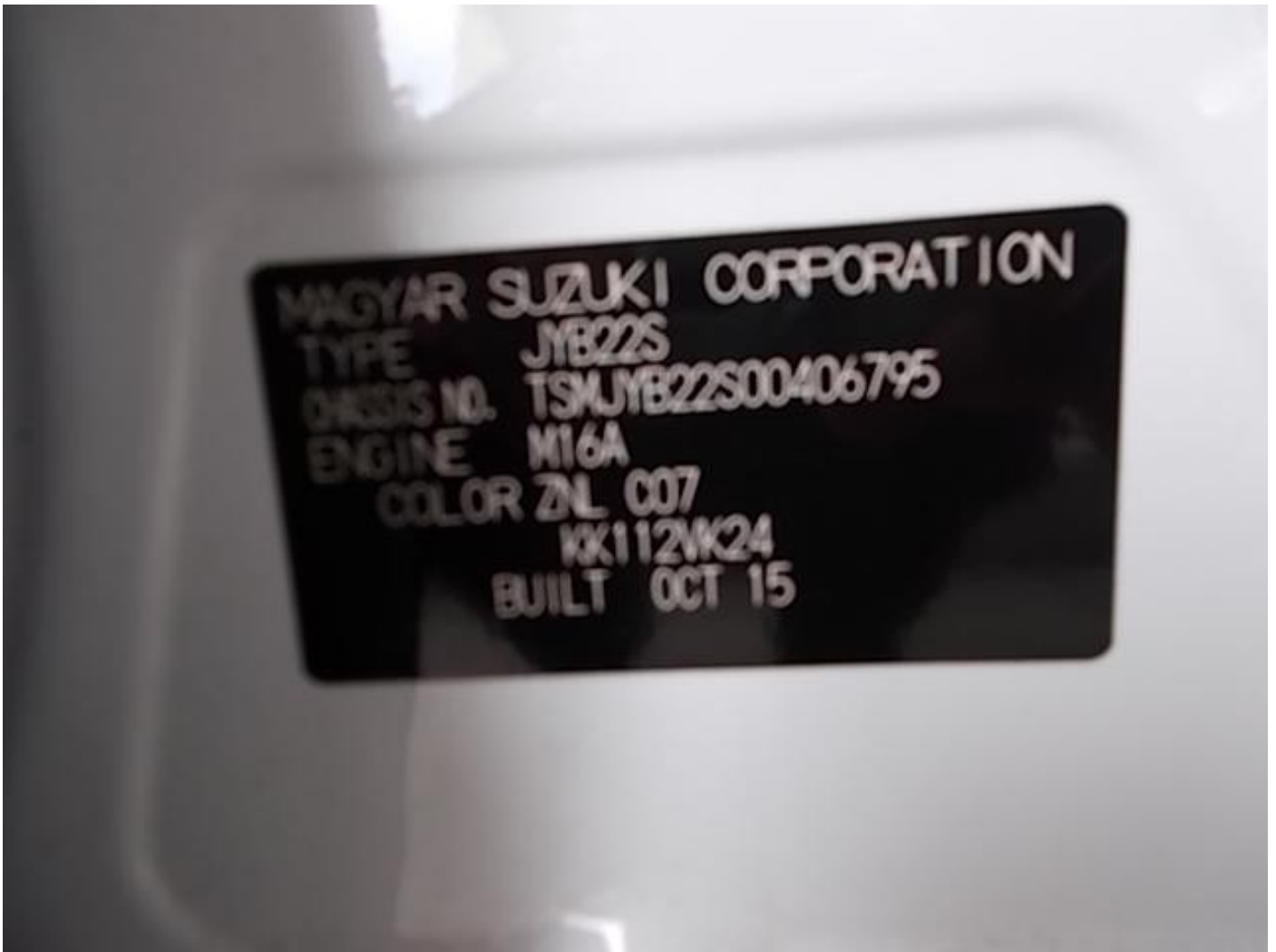


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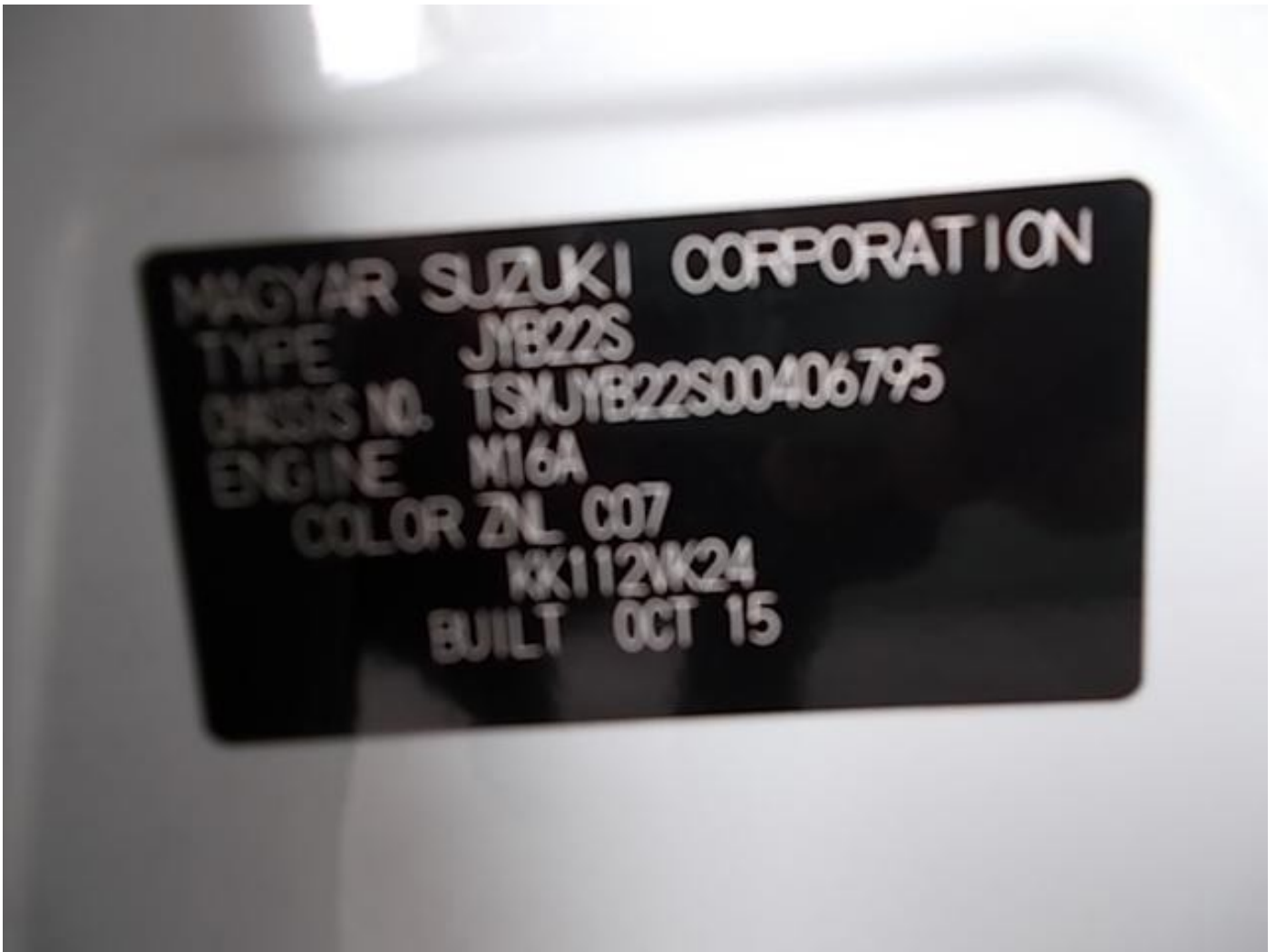


Accident Photo









Accident Photo



Accident Photo



Accident Photo

