### 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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/06/2019 18:13
Date Of Accident	07/06/2019 08:00
Exact Location Of Accident	TTSH STAFF CARPARK / MARTABAN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLS3696E
Insured/Policyholder	
Name Of Registered Owner	HUI LI YAO LAURA
NRIC No	S8732406J
Email Address	LAURA.HUI@MOHH.COM.SG
Mobile Phone No	(LOCAL) +65-90128200
Alternative Phone No	OTHERS-90128200
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	-
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-1809172MVPC
Cover Note Number	
Driver	
Name of Driver	LULLI VAO LAUDA

Name of Driver HUI LI YAO LAURA

NRIC No S8732406J
Date Of Birth 14/10/1987
Occupation OUTDOOR
Date Of Driving Pass 18/09/2008

Driving Experience 10 YEARS AND 8 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-90128200

Fax Number

Contact Number OTHERS-90128200

EMail Address LAURA.HUI@MOHH.COM.SG

Address 7 SIMEI STREET4

#11-03 529864

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 RAINING
Road Surface WET

### Other Information

ambulance?

Postcode

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

NO YES

Was any other material or property damaged?

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 SJU2188A
Vehicle Make/Model/Colour MERCEDES

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver GRACE

NRIC/Passport Number

Contact Number 97996241

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

- 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.
- 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: 7 TILKE

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

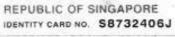
Name:

NRIC/FIN No.:

## Sketch Plan #2

TCH PLAN			
			TIM
	1 7 7		STATT CAPPORE
	1A/18	1	Statt Carporte Warterban Road
- v	MICH	Agree	
X	*1 501	1 KAY CEV	
			A- SIS 3691.E
			A- SIS 3696E R- SJU2188A
SCRIBE CIRCUMSTANCES OF	THE ACCIDENT		5-334218811
I was not around du	lung the of he	illent.	A
received toxt from	other party that o	he accidentally	"bumped" into my cagat
The Staff Carpark	· Other party of 110	ence plate US	(JUHEA(B)
Injunes austribed o	to the car bumper	6 8 1	
1,233	My (K)		
	3 6		
	123		
	$-\Lambda$		
LARATION	//		
e doclare the foregoing particula	rs are true in every respect.		11
h/ -		/	1-7/6/2
11	11/1		1 [[0]2
Molder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
Atime: 7 TIM 2016	(If driver is not the policy)		Name:
Atime: 7 June 2019	Date & Time:		NRIC/FIN No.:
F 1 1 1 4 4			- 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10
Line work of 3 WM			(4)

## Sketch Plan #3







HUI LI YAO, LAURA

许丽瑶 CHINESE

CHINESE tate of tarth 14-10-1987 Country/Place of birth. SINGAPORE



5825344



NAIC No. S8732406

08-11-2017

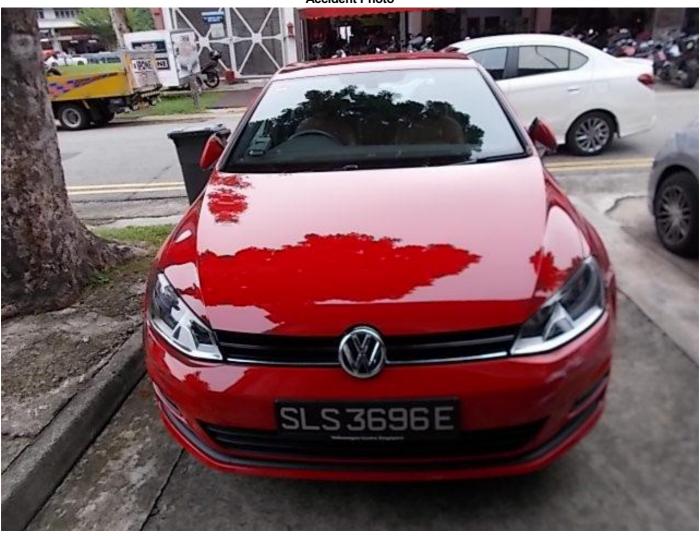
Actions 7 SIMEI STREET 4 #11-03 SINGAPORE 529864 VOU ARE EICENSED TO DRIVE AFRICLES IN THE FOLLOWING CLASSIES (AND THE FOLLOWING CLASSIES).

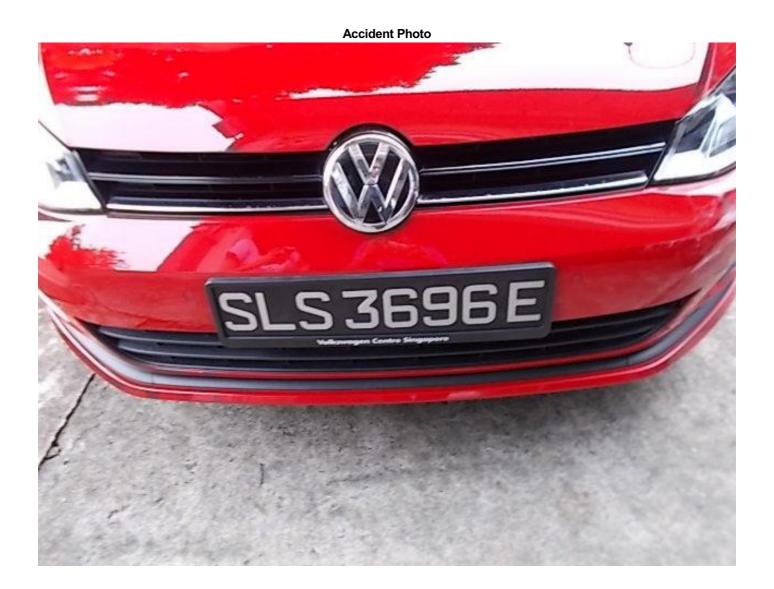
PASS DATE

Class 3A Motor care without clutch pectals (Auto) in 5000kg with in 7 proceedings, as clusive of the driver; and other anotor vehicles inthout clutch pectals in 2000kg

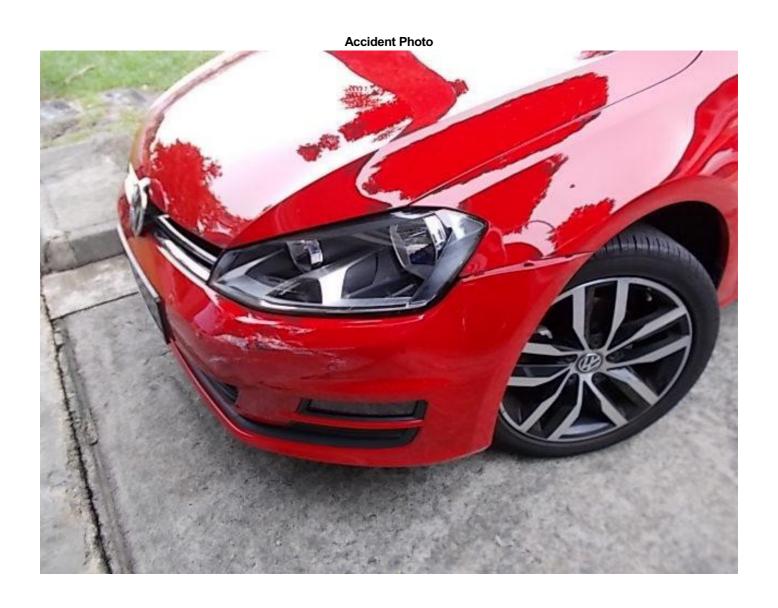
NP 428A

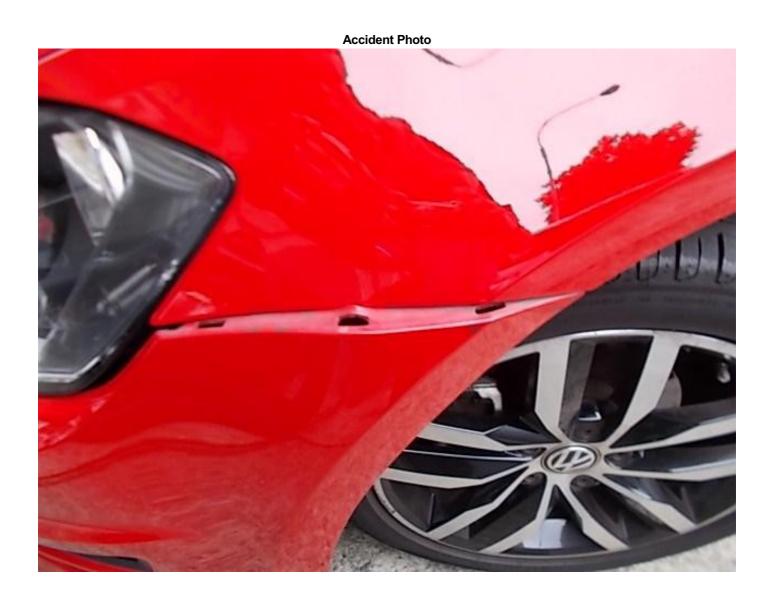


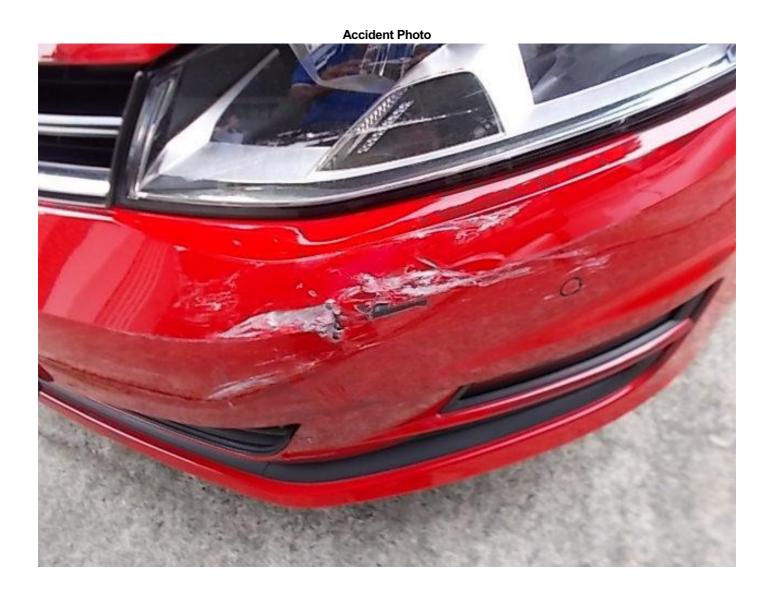


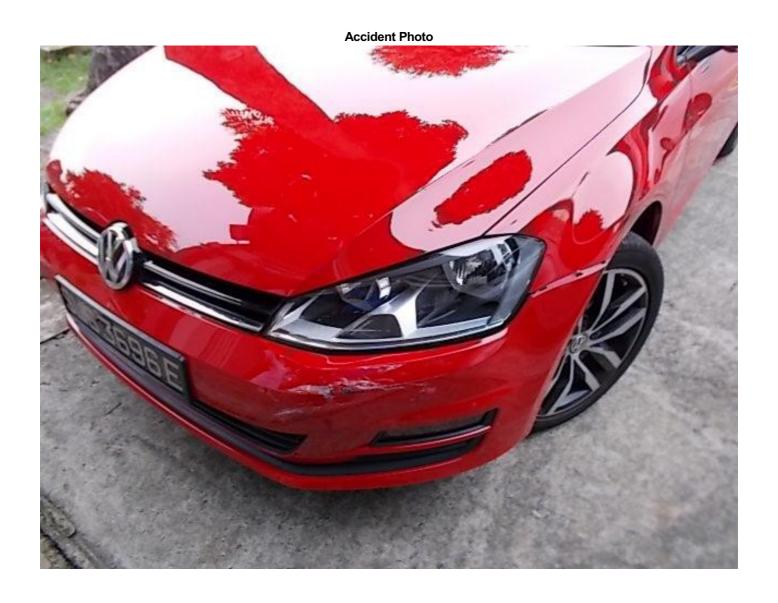












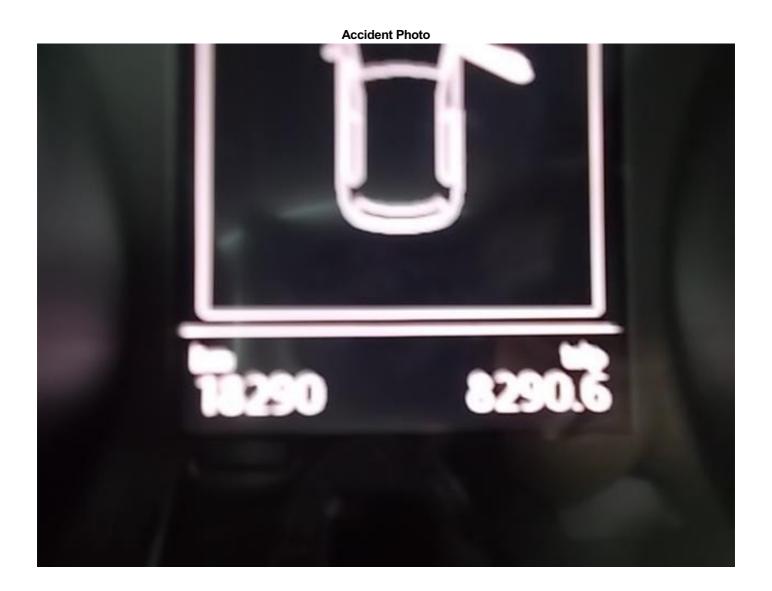














## **Addendum Sheet**



HARRY AMERICAN . .

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

(A)			1	ADDE	NDUM	.: :			
	PARTICULARSOF	PERSO	MAKINGTH	EAMENDM	ENTS:				2
	Original Report No		1111	MNA //	907 Vehicle R	egistration	No. 5	LS 2 60	16E
	Namejar shownin NAI	c):	HUL CIYA	bunea	NRIC/FIN	/Passport N	0.1	(87)	24067
	(*Vehicle Driver/	Vehicle	Owner) (*) P	lease delete	esappropriate		-		
	Address	!	751M	57 17 4	# 103		38	Singapore	SUM
15	Contact (Tel)	1		200					
	Email Address	:	LAVRA	1- HUIC	MOHH. CON	156	000-110	Terror	
	Date of Accident	1	7 JULY	1295	Time of A	ccident: _	FA	m ·	
	Place of Accident		TTJY	CARPAR	c				
	Insurance Compar	ny:	Mſ	PIRM	CAPTAL	LAGURAN	4		
	CHANG	E 7	or ALLY	Der -	ear TH	IRO PAR	274 (	LATIN	1
					· .				