MVA319092596 / VAC - Kaki Bukit ENTRY DATE & TIME: 15/07/2019 17:49 SUBMITTED BY: Norhaini Bte Abdul Majid

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.

ACCIDENT STATEMENT

 Date Of Report
 15/07/2019 17:49

 Date Of Accident
 14/07/2019 23:05

Exact Location Of Accident PIE (TUAS) BESIDE BALESTIER ROAD EXIT

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLJ4125C

Insured/Policyholder

Name Of Registered Owner SANDRA SIEW LAI YING

NRIC No S1527344E
Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97913215

Alternative Phone No Office-97913215

Vehicle Particulars

Manufacturer VOLKSWAGEN

Model SCIROCCO 1.4L AT TSI 1372Q5

Exact Purpose for which vehicle was being used at

time of accident

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 5093119151-01 CLASSIC

Cover Note Number

Driver

Name of Driver ACE POON YO CHYE

NRIC No S9630033F

Date Of Birth 22/08/1996

Occupation OUTDOOR

Date Of Driving Pass 29/07/2017

Driving Experience 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92725660

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 511 #04-251 CHOA CHU KANG STREET 51

Postcode 680511

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

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

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.

Number of Passengers (Including Driver) 2

Passenger 1 Name: : CAROL HE

Gender: : Female

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name CHOA CHU KANG NPC

Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKF1199S

CITROEN / DS5 1.6I E-HDI ETG6

PRIVATE CAR

Sketch Plan

SKETCH PLAN

E-FILE

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- 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 ledgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 5. Consent under the Personal Data Protection Act (PDPA)

tunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapora ("GtA") may/are permitted to collect, use, discipse 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 insurers) 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, heading and/or dealing with my claims (collectively the "Purposes")
- (a) 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 Parsonal 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/aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (a) inv Personal Information will also be collected and exect to compile claims history for the purpose of fraud detection, investigation and menagement in present and all future dains;
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers end/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.

23 Kaki Bukit Ave 4 Singapore 415933

Tel: 67416697 Fax: 67492305

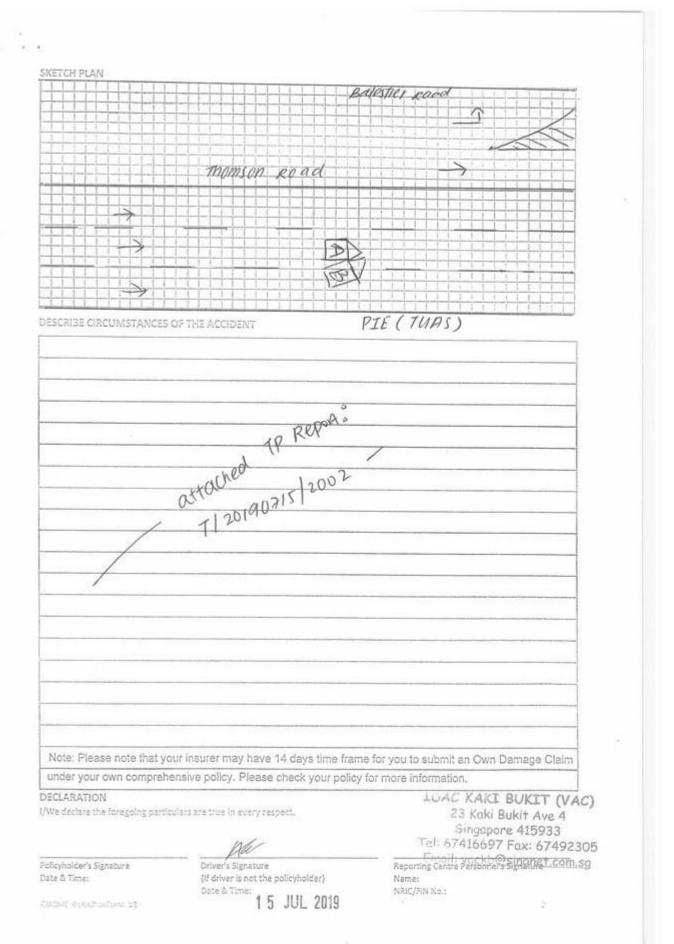
Reparting Chira Personners Signature

Name: NRIC/FIN No.:

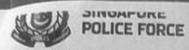
Policyholder's Signatura Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: 1 5 JUL 2019 8/13/2019

Sketch Plan #2

E-FILE



Individual Statement



T/20190715/2002

Date of Expiry:

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 1 of 3 Report No. T/20190715/2002

REPORT OF A TRAFFIC ACCIDENT

SAF REGULAR

Date/Time Report Made: 15/07/2019 00:06			Vide Report No.:	Station Diary No.:		
Informa	ant's Partic	ulars	DIN MINISTERNAL PROPERTY.			
ACE PO	f Informant: OON YO CH		Address: APT BLK 511 CHOA C SINGAPORE 680511	CHU KANG STREET 51 #04-251		
ID Type / ID No.: NRIC NO / S9630033F			Contact No.: Home/Office:	Mobile: 92725660		
National SINGAF	ity: ORE CITIZ	EN	Email:			
Sex: Male	Age: 22	Date of Birth: 22/08/1996	Type of Informant: Driver			
Race: Chinese		Language:	Institution / School Name			
Occupation:			Driving Licence Information:			

Class: 2B,2A,3

General Infon	mation of the Acciden	the same of the sa		NOW A PROPERTY	
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/07/2019 23:05	Type of Location: Straight Road	
	Traveling Toward Road EXPRESSWAY OAD	Road Surface:		Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light	
Type of Collision Between Movin	on: ng Vehicles - Head To	Rear		Anyone conveyed by ambulance:	

Details of V	ehicle Invo	Ived			AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED	COLUMN TO LEAST TO
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKF1199S	Car				No Damage	1
SLJ4125C	Car				Slightly Damaged	1

Details of Person Involved	THE RESERVE THE PERSON NAMED IN PARTY OF THE
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

8/13/2019

Individual Statement

E-FILE



Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999



2 of 3 Report No. T/20190715/2002

CONTINUATION OF REPORT

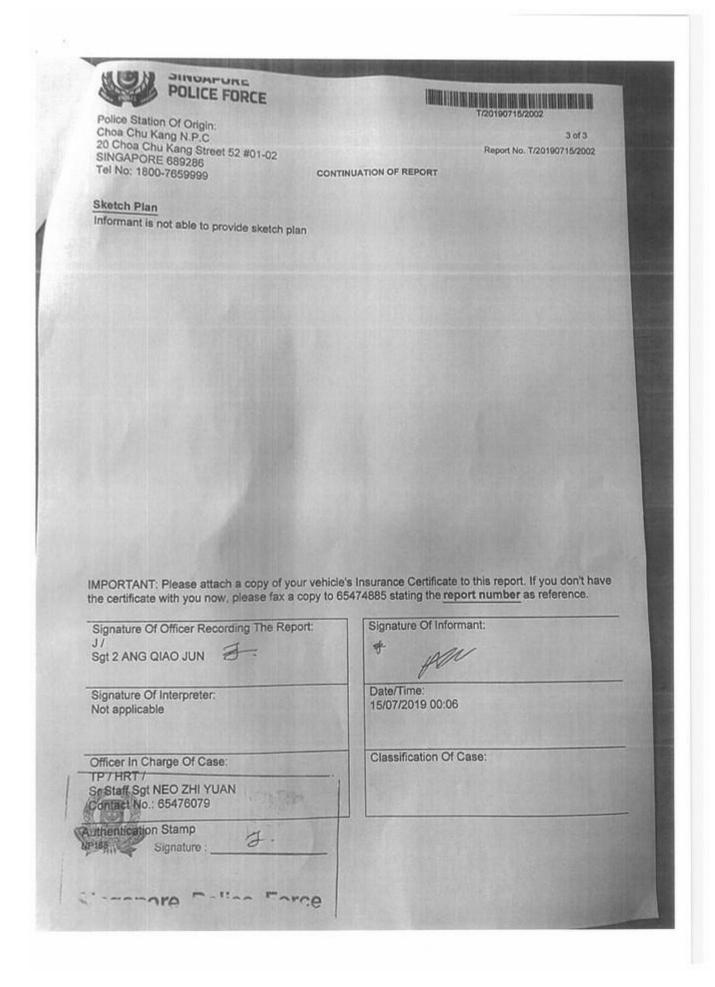
Oriver	STATE OF STREET		THE R. P. LEWIS CO., LANSING	DECEMBER 1	THE RES	The second second second second
Name	ACE POON YO CHYE			ID No.		S9630033F
Related Vehicle	SLJ4125C (Car)			Conta	ct No.	92725660
Hospital/Clinic NIL				Class Drivin Licens Expire	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment NIL			Date Discharge NIL			
No. of Days gran	ted Medical Leave	NIL	Degree o		NIL	

Brief Details.

On 14/07/2019 at about 2303hrs, I was driving my vehicle: SLJ 4125C along PIE towards Steven Roads, when there is one vehicle: SKF1199S did not signal while changing lane. During changing of lane, his vehicle slight touch onto my vehicle, therefore have a deep scratches on my right side front bumper.

I wish to state that I have in-car camera footage of the incident. No one was injured. Furthermore, at that point of time, the driver did not on headlight and was driving quite dangerously on road.

Individual Statement













E-FILE 8/13/2019





Accident Photo

