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#### SINGAPORE ACCIDENT STATEMENT

# 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,
- 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.
- 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.
- 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.

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	ACCIDENT STATEMENT
Date Of Report	26/07/2019 15:21
Date Of Accident	26/07/2019 08:35
Exact Location Of Accident	D'LEEDON CONDO BASEMENT CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMC871H
Insured/Policyholder	
Name Of Registered Owner	TW AUTOMOBILE
Co Reg No	53333500X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5101671180-01

## Cover Note Number Driver

Name of Driver LIM CHAI YEAN PEGGY

 NRIC No
 \$1823949C

 Date Of Birth
 17/10/1967

 Occupation
 INDOOR

 Date Of Driving Pass
 22/05/2003

Driving Experience 16 YEARS AND 2 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97505550

Fax Number

Contact Number OFFICE-97505550

EMail Address NOEMAIL

Address 11 LEEDON HEIGHTS

#13-37

Postcode 267955

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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? YES

Was any injured conveyed to hospital by ambulance?

NO.

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES

Number of Description of the second control of the second control

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

FOO JON-CHUNG JONATHAN

GENDER: : MALE

Passenger 2

NAME:

: JARED FOO SUAN-JI

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

SKM1337Z

Vehicle Make/Model/Colour

RANGE ROVER

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Page 2 of 20

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

### **DETAILS OF INJURED PERSON 1**

Name LIM CHAI YEAN PEGGY

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SMC871H

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 2**

Name FOO JON-CHUNG JONATHAN

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SMC871H Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

### **DETAILS OF INJURED PERSON 3**

Name JARED FOO SUAN-JI

Approximate Age

Injuries Sustain BODY Injured person in which vehicle? SMC871H Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

#### 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.

TW AUTOMOBILE

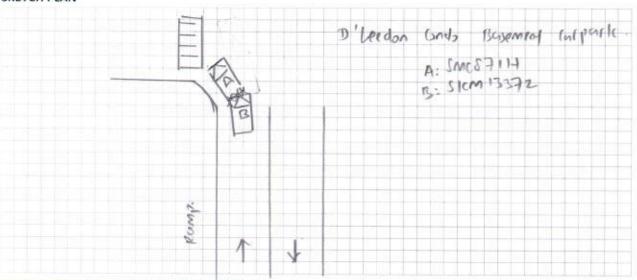
CO. REGN. NO: 53333500X 9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482

TEL: 6459 5535 Fax: 6459 8009

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

Reporting Centre Persopnel's Signature

Name: NRIC/FIN No.:



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Statement	±		 /	
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DECVARATIONOBILE

CONSTITUTION TO TO THE PARTICULARS are true in every respect.

9 TAGORE LANE 9@TAGORE #02-01 SINGAPORE 787482

TEL: 6459 5535 SEPAKU6459 8009

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

### Accident report:

Date:

26th July 2019

Time:

8:37am

Location:

Upward Ramp between B2 to B1 Carpark at D'Leedon Condo Carpark 2

Driver name: Lim Chai Yean Peggy

IC No .:

S1823949C

Car Number: SMC871H (Honda Vezel) Other Driver: Petra Katharina Jie-Lin Holz

IC No .:

S9141146F

Car Number: SKM1337Z (Range Rover)

I was driving my car from my Condo's B2 carpark up the ramp towards B1 towards the exit. At the top of the ramp, it turns to the left and there is a slow-down hump and warning sign to look out for vehicles passing from the left. I slowed down and came to a full stop at the top of the ramp before the hump to allow 2 vehicles to pass from my left. Suddenly, my car was hit from the rear.

See Photos of location where vehicles coming from ramp must stop to give way to vehicles coming from the left.

See Videos from both front and rear cameras prior to the impact and during the impact.





Motor Cars and Motor Tractors the weight of which unfolion does not exceed 2500 killegrans

For LKK/NAC Use Only

Had Girls Daw of reque 01-10-1994

NAIC No. S1823949C

11 LEEDON HEIGHTS #13-37-SINGAPORE 287955

NRIC No: \$1823949C

Date: 23/02/2018

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	Vehicle	No.(For Motor)	SMC871	н		Certifica	ste Number				
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5101671180- 01		TW AUTOMOBILE	53333500X	GFT	drivo CLASSIC	SMC871H	SMC871H	16/01/2019	
					Cor	ntinue					

Policy No.	5101671180-01	Policyholder Name	TW AUTO		Policyholder NRIC	53333500X	
Certificate No.					INTE		
Address	9 TAGORE LANE #02-01 9 @ T	AGORE SINGA	PORE 7874	72			
Product Name	FLEET INSURANCE	Plan			Group Policy Flag	N	
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Agent	DICKSON INSURANCE AGENCY	Agent Tel.	6344766	7	GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No						
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Address 1	9 TAGORE LANE	Addre	ss 2	#02-01 9 @ TAGORE		Address 3	SINGAPORE 787472
Address 4		Addre	ss Type	Singapore address		Post Code	787472
Init No.	02-01	Relate	ed Policy	5104194055-01			
) Insure	d Object: SMC871H	1,395,000					
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	11/03/2019 00:00	Basic Informa Endorsement		000001287023807	Endorseme		Endorsement Content Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as follows: VEHICLE NUMBER EFFECTIVE DATE PREMIUM (INCL GST) 1. GK31344771 11-03-2019 \$1,792.86 In view of this amendment, an additional premium of \$1,792.86 (inclusive of GST) is payable under your policy. Please ignore this premium payment request if you have since made payment. Otherwise, we would appreciate it if you could make payment to us within 14 days from the date of this letter. For cheque payment, please issue the cheque if favour of "NTUC Income" with your name and policy number indicated on the reverse of the cheque. Alternatively, you could also make payment at any of our branches by
	11/03/2019 00:00	Basic Informat Endorsement	tion	000001287025621	Endorseme Effective	nt Take	cash or NETS.  Thank you for giving us the opportunity to serve you. We confirm that from 11 Mar 2019, the following amendment(s) is/are made to this policy: VEHICLE REGISTRATION NUMBER: SMJ5436:  Thank you for giving us the opportunity to serve you. We confirm that this policy is extended to cover the following vehicle(s) as

laim Handling						
cident HT/1055217						
REY No.	5101671180-01		Vehicle No.	SMC871H	GST Registration No.	
ertificace No.						
olicyholder Name	TW AUTOMOBILE				Policyholder NR3C	53333500x
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×	® No ○Yes		YCA	⊗ No ○ Yes	eCode Reason	
CD Protection	No		NCD Entitlement(%)	0	Private Hire	Yes
Accident Details						
sport Date	26/07/2019 19:09		Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
ite of Accident	26/07/2019		Time of Accident hhimm	08:35	Country of Accident	
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Renefits		1,500.00	Outside Singapore TP Excess	1,500.00		
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dress 4			Address Type			SINGAPORE 787472
Ht No.	02-01		Related Policy Number	Singapore address	Post Code	787472
OI Driver Info			CAMPINE LOUGH MUMBER	5104194055-01		
iver Name	Unnamed Driver		Driver Type	Unnamed Driver		
named driver Name	LIM CHAT YEAR PEGG	W.	Oriver NR3C	51823949C	Driver DOS	17/10/1967
gister Date of Driver License			Driver Age	51		16
intact No.(Mobile)	97505550		Contact No.(Office)	0	Driving Experience	
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dress 4			Address Type	Singapore address	Post Code	267955
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ferred Workshop Contact	C. San J. J. San		STORMAN STREET	Control of the contro	Name of Preferred Workshop	
Core Consideration	Nac.		Insured Liability *	Not at Fault		
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