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TP Particulars: Veh Nor Th	H 4550L	, INC(	, )/Non-INC(	)	
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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Farm 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.
- 5. 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

A CONTRACTOR OF THE CONTRACTOR	and a sopius of the report being made available
	ACCIDENT STATEMENT
Date Of Report	21/08/2019 17:21
Date Of Accident	19/08/2019 13:50
Exact Location Of Accident	JUNCTION OF UPP SERANGOON RD AND HOUGANG AVE 2
Country/State of Loss	SINGAPORE
BY SERVICE SERVICE STREET	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ9803J
Insured/Policyholder	
Name Of Registered Owner	LAU SHEOW LING
NRIC No	\$7007195
Email Address	DDICKLAU@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91005005
Alternative Phone No	OTHERS-88002268
Vehicle Particulars	3.1.12.10.00032200
Manufacturer	BMW
Model	X1 SDRIVE18I AT D/AB 2WD 5DR GAS/D SR
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	THE SALE
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093992445-01
Cover Note Number	CONTRACTOR (CANTER)
Driver	
Name of Driver	ZHAO DONGMEI
IRIC No	G0590566X
Date Of Birth	28/02/1970
Occupation	INDOOR
Pate Of Driving Pass	29/06/2009
Priving Experience	10 YEARS AND 1 MONTH
Sender	FEMALE
Johila Number	(LOCAL) +65-91005005
ax Number	1-43/1-1 1000000
ontact Number	OTHERS-88002268
Mail Address	

DDICKLAU@HOTMAIL.COM

Address

BLK 13 PASIR RIS LINK

#08-29

Postcode

518181

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

NO

ambulance?

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?

YES

If Yes, Please state which Police Station Police Station Name

Police Station Address

PASIR RIS NEIGHBOURHOOD POLICE CENTRE

ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE

TEL NO: 1800-5852999 - FAX NO: 65855261

Police Station Contact

Was notice of intended Prosecution given?

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

FBA4550L

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

LIM JOO KIAT

NRIC/Passport Number

S8218757Z

Contact Number

84444833

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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 ladgment 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Bersonnel's Signature

Name:

NRIC/FIN No.:/



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE C	The state of the s
ON 19	1/08/2019 at about 1350 hrs. I was driving along Hougang Avez.
T was	s on the second lane and as I was filtering onto the second lane
the	loft side of my vehicle, collided onto the right side of a
	reycle.
	rider than fell on his right side and sustained lacerations
1112	his left plan and feet. No ambulance or police attended
011	us. The rider informed that he he closes not require
	dical attention.
me	ere are dents on the left side of my vehicle.
1 n	ere are achts on the left side of my vericle
	(4)

## DECLARATION

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

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personne signature

Name:

NRIC/FIN No.:

## CONFIDENTIAL

Annex E

# NOTICE OF COMPLIANCE

This is to confirm that Zhao Dongmei, HP: 88002268	
NRIC/FIN G0590566X , has reported to the Police a non-injury traffic acci	deni
which occurred at junction of Upper Serangoon Road and Hougang Ave 2	
on 19/08/2019 at 1350hrs am/pm involving the following vehicles:	
Blue BMW X1 SKQ9803J (Complainant's Vehicle)	
Red motorcycle FBH4550L	
On 19/08/2019 at about 1350hrs, I was driving along Hougang Ave 2. I was on the second lane and as I was filtering onto the second lane, the left side of my vehicle collided onto the right side of a motorcycle.	
The rider then fell on his right side and sustained lacerations on his left elbow and fe No ambulance or Police attended to us. The rider informed that he does not require medical attention.	et.
There are dents on the left side of my vehicle.	
2 If this accident was reported to the Police within 24 hours of its occurren	ce,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 2	76.
Rank/Name of Issuing Officer: SGT Phyllis	
Date: _20/08/2019	
S/D Ref:	
Police Post/Unit: Pasir Ris NPC	
Original – to be issued to informant Duplicate – to be submitted to Traffic Police No. 1 Pasir Ris Drive #01-01 Singapore 519	4 4 4 5 7

CONFIDENTIAL

Claim Handling									
Accident MT/1058938									
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# Claim Handling(accident reporting Claim Task )

	Updated By/Date	Fitter Date		File Name	T Source	Action
⊕ Video List	The body of the second					
48	NAC_BURIT_HERAH_BODG76( NACTION S (BURIT MERAH)) on	NAL ASSESSMENT CENTRE SERVICE 25 Aug 2019 17:52	585	Narroal	545 2019-8-21	
13	NAC_BURIT_PERAH_SCGG76( NATIO \$ (BURIT HEAAH)) or	NAL ASSESSMENT CENTER SERVICE	KRIC! Driving Lizense	Normal	MRIC/ Driving Upwess 2018-8-21	
-	NAC_BURST_MERAH_BOOKPE( RATIO 6 (BURST WERAH)) or	NAL ASSESSMENT CENTRE SERVICE 131 Aug 2015 17:52	Photos	Mornigal	Proba 2019-8-21	
	NAC_BURIT_MERAH_600676( NATIO \$ (80K)T MERAH)) w	NAL ASSESSMENT CENTRE SERVICE 21 Aug 2018 17:52	Photos	Normal.	Photox 2019-0-21	
1	NAC_BLAST_MERAH_BOGGTE( NATIO S (BURST MERAH)) o	NAL ASSESSMENT CENTRE SERVICE 1 21 Aug 2019 17 52	Photos	Normal	House 5019-9-51	
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1	MAC_BURIT_MERAH_800676  AATIC S (BURIT MERAH)) o	MAL AGGESSMENT CENTRE SERVICE 0 21 Aug 2019 17:52	Photos	Normal	Priority 2019-8-21	
(4)	AAC_BURCT_HERAH_BODE7E( NATIO 5 (BURLT MERAH)) o	NAL ASSESSMENT CENTRE RESVICE 9 11 Aug 2019 17:52	Phatos	Featrmal	Photos 2019-8-21	
	HAC BURLT HERAIL BOOGTS; NATIO S (BURLT HERAS)) 6	MAL ASSESSMENT CENTRE SERVICE N 21 Aug 2019 17:52	Photos	Name of Street	Fhotos 2019-6-21	
			The Control of the Co	Steament Inhouning Oldi	III Idak	

Display in New Window Scan and Jeloeding

# ACCIDENT STATEMENT

ACCIDENT DATE: (19. 108 ) 2019 (DD/MM/	(YY), TIME: ( / 3 · : 50 ) (HH:MM)
LOCATION: JUNTION 9" UPPEL SERANGE	DON ROAD AND HOUGHNG AV
DETAILS OF VEHICLE  GIVEHICLE NUMBER: SIG 98037  DINSURANCE COMPANY: INCOME  CIPOLICY NUMBER: 509399244	
DIPOLICY TYPE: (COMPREHENSIVE) THIRD	PARTY / THÍRD PARTY FIRE &THEFT)
fitype:(SALOON / COUPE / MPV /VAN / LC	PRRY / MOTORCYCLE / OTHERS)
h)PURPOSE OF USING AT ACCIDENT TIME:	RCIAL / MOTORCYCLE)
I) ARE YOU CLAIMING UNDER YOUR OWN IN IF NO. PLEASE STATE (THIRD PARTY CLAIM.	VSURANCE (YES/NO) / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: LING DINRIG/FIN/PASSPORT: 570071951 C) ADDRESS: 13 PAPIR RIJ LINK	(MALE REMALE)
+ CONTINUE TO 3.d IF DRIVER ALSO POUCY DRIVER THAT DONNET	HOLDER .
CIncluding driver) DINRICKING ASSPORT: GOSGOSULX CIADDRESS: 13 PARK RIS LINE #	MALE (FEMALE)
OCCUPATION: (MDOOR OUTDOOR)	
4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W. 5. GIWEATHER CONDITION: (CLEAR / RAINING	ITH INSURED.
DIROAD SURFACE: (DRY / WET / OTHERS	/ OTHERS
6. WAS ANYBODY INJURED (YES / NO) 7. DIREPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATIO	NE MEIR RIS
Including deliver) b) DRIVER'S NAME: ZIM JOO KINT-	MODEL: HOUDA
( ) C) (NRIO/FIN/PASSPORT: 182187572	CONTACT: 8444 9833
Ho of passanger d) VEHICLE NUMBER:	MODEL; "
( ) NRIC/FIN/PASSPORT:	CONTACT::

email = ddicklau@Hotmailicom

REPUBLIC OF SINGAPORE FIN G0590566X



ZHAO DONGMEI

/NAC Use Only

CHINESE

1590585





OWNERR

FA2088936

#### VISIT PASS

Immigration Regulations

G0590566X

PLUS

C Use Only

DOWAR

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES:

Motor cars without clutch pedais (Auto) with unladen weight =< 3000kg with << 7 passengers, exclusive of driver; and other motor vehicles without clutch pedais with unladen weight << 2500kg

5979989

For LKK/NAC Use Only



For LKK/NAC Use Only

APT BLK 13 PASIR RIS LINK #08-29 SINGAPORE 518181

OWNER

• <b>eBao</b> Tech								The same		Gener	alClaim
Hello, NAC_BUKIT_MERAH_  - My Desktop Notice of Loss		Policy Query					Change Language				
TOTAL OF LUNS	Vehicle	Na. 1 Na.(For Motor)	SLQ98	SLQ9803)			Date of Accident  Certificate Number			19/08/2019 17:54	
	Select	Policy No. 5093992445-	Certificate Number	Policyholder Name	Policyholder NRIC		Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		01		LAU SHEOW LING	\$70071951	GPC Continue	drivo CLASSIC	5LQ9803)	5LQ98033	22/12/2018	21/12/2019