

Optima Warden
W. A. G.

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 | 29/12/2019 16:46 |
| Date Of Accident | 29/12/2019 13:00 |
| Exact Location Of Accident | 75 BRAS BASAH RD SINGAPORE 189557 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SJU221A |
| Insured/Policyholder | |
| Name Of Registered Owner | LEE JESSIE |
| NRIC No | S7000032F |
| Email Address | JESSIEJUZZ1@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-96831807 |
| Alternative Phone No | OTHERS-96831807 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | GLC250 |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL |
| 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 | 5092655998-02 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | LEE JESSIE |
| NRIC No | S7000032F |
| Date Of Birth | 05/01/1970 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/11/1992 |
| Driving Experience | 27 YEARS AND 1 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-96831807 |
| Fax Number | |
| Contact Number | OTHERS-96831807 |
| Email Address | JESSIEJUZZ1@GMAIL.COM |

Address 9 AMBER GARDENS
#22-27 ONE AMBER

Postcode 439958

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 CHAIN COLLISION

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 4

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) 2

Passenger 1 NAME: : TWO HUI YUN
GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: ADVISED TO SEND TO MOTORVIDEO@INCOME.COM.SG

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC3058D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver TAN THIAM JOO

NRIC/Passport Number S1763555G

Contact Number 98336475

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMJ209J
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver JACKSON LAM
NRIC/Passport Number S8500209J
Contact Number 98275796
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHB338X
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver LOW TIAN SIONG
NRIC/Passport Number S1655164C
Contact Number 96229587
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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.
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.
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' law firms/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' law firms/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 law firms/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.

LEE JESSIE

29/12/2019 16:04

Policyholder's Signature / Date &
Time

LEE JESSIE

29/12/2019 16:04

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

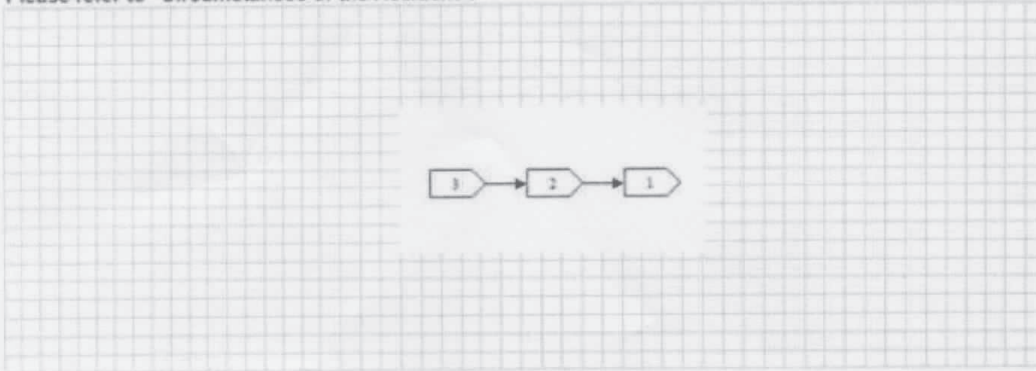
Witnessed by Reporting Centre
Personnel

Sketch Plan #2

Sketch Plan

The sketch plan is based on the closest scenario.

Please refer to "Circumstances of the Accident".



Describe Circumstances of the Accident

My Car Position : IN BETWEEN CAR

DESCRIPTION :

On 29/12/2019 at around 1300hrs, while I was driving along Bras Basah Road towards Victoria Street, I had to jam my brakes as another vehicle in front of me, SHC3058D had also jammed his brakes. Suddenly, SMJ209J collided into my rear causing me to collide into SHC3058D. There were a total of 4 vehicles involved in the accident and I am the second vehicle in it. No injuries were sustained in the accident.

Declaration

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

LEE JESSIE
29/12/2019 16:04
Policyholder's Signature / Date &
Time

LEE JESSIE
29/12/2019 16:04
Driver's Signature (If driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel