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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.
- 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

W. Salaton Co. Barrier Barrier	ACCIDENT STATEMENT
Date Of Report	04/02/2020 13:54
Date Of Accident	03/02/2020 08:45
Exact Location Of Accident	PIE (TUAS) BEFORE CLEMENTI RD EXIT
Country/State of Loss	SINGAPORE
Continue de Locale, Substatio	DETAILS OF OWN VEHICLE

	PROJECTIVE PROPERTY REPORT	DETAILS OF OWN VEHICLE	
Vehicle Registration Number SMK1259C	Vehicle Registration Number	SMK1259C	

Insured	Policy	holder
---------	--------	--------

Name Of Registered Owner LEE YANN SHUANG

NRIC No SXXXX183H Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-98638586 Alternative Phone No OFFICE-98638586

Vehicle Particulars

Manufacturer NISSAN

Model TEANA 2.5L CVT

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5111169973 Policy Number

Cover Note Number

Driver

Name of Driver EE TIAN CHONG NRIC No SXXXX980Z 19/07/1985 Date Of Birth OUTDOOR Occupation

17/02/2005 Date Of Driving Pass

14 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-98287224 Mobile Number

Fax Number

OFFICE-98287224 Contact Number

EMail Address NOEMAIL

BLK 593A MONTREAL LINK Address

#15-64

751593 Postcode

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

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? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

2

: LEE YANN SHUANG

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY Police Station Name

NO

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 65470000 - FAX NO: Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200203/7025.

Attachment(s)

YES Are accident photos available for attachment?

NO

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SLQ976C Vehicle Registration Number BMW

Vehicle Make/Model/Colour **Details Of Properties**

PRIVATE CAR Vehicle Category

NAI SHU FEI Name of Driver

SXXXX578G NRIC/Passport Number Contact Number 88096909

Page 2 of 17

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name EE TIAN CHONG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? SMK1259C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name LEE YANN SHUANG

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Postcode

SMK1259C

NO

Address

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 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:
 - (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.

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

Date & Time:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

SKETCH PLAN		PIE Towards Tuas
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older's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
	Copie of Fillings	DAVICALIN DIO.

NRIC/FIN No.:

WHAT GENERAL PROPERTY AND

Date of Accident	D3/02/2020 4500 0 45000
	03 102 2020 Accident Time: 8 45 AM (24-HR-Format)
Accident Place	: PIE TUAS CLEMENTE RD EXIT
Vehicle Reg. No. (Car Plate No.)	SMK 1259C
Vehicle Make/Model	: NISSAN TEANY 2-5X
Insurance Company	:_ NTUC Policy No 5111169973
Owner or Company Name /IC No.	LEE YANN SHUANG S8576183H
Owner or Company Contact No.	:Owner's Hp 98638586 Company Tel Slouse
DRIVER'S Name / IC No.	: EE TIAN CHONG S85229802
DRIVER'S Date Of Birth	: 19 July 1985 DRIVER'S License Pass Date 17 FEB 2005
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 5934 TOP MONTREAL LINK #15-64 5751593
DRIVER'S Contact No./ Alt No.	1) - 2) 9828 7224
DRIVER'S Occupation	: INDOOR \ OUTDOOR (e.g. working inside or outside office)
Email Address	: ZEST @ BRICKFORD · COM ·SG .
Weather & Road Surface	: CLEAR & DRY \RAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only \ Claim Other Party \ Claim Own Insurance
Number of Passengers (Including Di	iver): 02 Female passenger. We passenger.
Was there any video Captured by ca Exact purpose for which vehicle was	r camera: YES NO s being used at the time of accidents Private use \ Work purpose
Other P	arty Driver's Particular (if auv)
Vehicle Reg. No: SLQ 976C	Vehicle Reg. No:
Vehicle Make Wodel: BMW	Vehicle Make\Model:
Name Driver: HAN NA	SAU FEI Name Driver:
IC No. Driver: \$904357	86 IC No. Driver:
Driver's Contact & Add: 8809	6909 Driver's Contact & Add:





/20200203/7025

1 of 3

Report No. T/20200203/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/02/2020 18:32		lade:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars			
Name of Informant: EE TIAN CHONG			Address: APT BLK 593A MONTREAL LINK #15-64 SINGAPORE 751593		
ID Type / ID No.: NRIC NO / S8522980Z		B0Z	Contact No.: Home/Office: Mobile: 98287224		
National SINGAF	ity: ORE CITIZ	EN	Email: zest@brickford.com.sg		
Sex: Age: Date of Birth: Male 34 19/07/1985			Type of Informant: Driver	90	
Race: Chinese			Language: English	Institution / School Name:	
Occupation: Building and construction project		uction project	Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Police Vehicle	Drink Drive: No	Date/Time of Accident: 03/02/2020 08:45	Type of Location Straight Road	
Location: PAN ISLAND Weather: Clear	EXPRESSWAY	Road Surface:		Road Speed Limit: 90 Km/h	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Elección de la constantia					

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLQ976C	Car	The little was a second				0
SMK1259C	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20200203/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Passenger						
Name	LEE YANN SHUANG			ID No		S8576183H
Related Vehicle	SMK1259C (Car)			Conta	ict No.	98638586
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licend Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	03/02/2020 Date		Date Disc			2/2020
No. of Days granted Medical Leave 05		05	Degree of	Degree of Injury Slight		t
Driver				31.24		
Name	EE TIAN CHONG		ID No		S8522980Z	
Related Vehicle	SMK1259C (Car)			Conta	ct No.	98287224
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	03/02/2020	200000000	Date Disc	harge	03/02	2/2020
No. of Days gran	ted Medical Leave	05	Degree of	Injury	Sligh	t

Brief Details.

At the stated date and time, I was traveling along PIE Tuas before clementi exit with my vehicle bearing SMK 1259C. I came to a complete stop before clementi exit. When I was about to exit while still in stationary, I felt a huge impact from my rear. I then realise I was rear-ended by vehicle bearing SLQ976C, a white color BMW. We exchange particular and move off. After the accident, We felt unwell due to the impact. We then went on to consult a doctor and was given 5 days medical leave.





3 of 3

Report No. T/20200203/7025

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Sketch	Plan
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Informant is not able to provide sketch plan

Not applicable	The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 03/02/2020 18:32
Officer In Charge Of Case: TP / TPIB / MU WEI JUN Contact No.: 65476225	Classification Of Case:

Authentication Stamp

NP168

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Notice of Loss	Policy No.					Date	of Accident		03/02/2020 0	08:45	
	Vehicle	No.(For Motor)	SMK1259C			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyhalder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5111169973		LEE YANN SHUANG	S8576183H	GPC	drivo CLASSIC	SMK1259C	5MK1259C	17/07/2019	30/07/2020
						Continue	l				

Policy No.	5111169973	Policyholder Name	LEE YANN	SHUANG	Policyholder NRIC	S8576183H	
Certificate No.							
Address	BLK 593A #15-64 MONTREAL	INK MONTREA	L VILLE SING	GAPORE 751593			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	16/07/2019	Effective Date	17/07/2019	9 00:00	Expiry Date	30/07/2020 2	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	500	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Agent	HUA YANG CREDIT PTE LTD	Agent Tel.	64585111		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	older Mailing Address						
Address 1	BLK 593A #15-64	Addres	is 2	MONTREAL LINK		Address 3	MONTREAL VILLE
Address 4	SINGAPORE 751593	Addres	s Type	Singapore address	9	Post Code	751593
Unit No.	15-64	Relate Numbe	d Policy er	5111169973			
) Insured	d Object: SMK1259C						
♥ Endors	ements						
101 01074000	ce Date of Endorsemen	100	ndorsement	Light Street	Endorsement	Mark Steel	Endorsement Content

Accident HT/1082872 Policy No.										
Policy No.										
	5111169973		Vehicle No.	SMK1259C			GST Registration N	0.		
Certificate No.										
Policyholder Name	LEE YANN SHUANG						Policyholder NRIC		5857618	3H
Product Code	PRIVATE CAR INSURANCE	2	Cover Type	drive CLASSIC			Loading		0	
Contact No.(Mobile)	96638586		Contact No.(Office)	0			Contact No. (Home)		0	
Email Address			Special Remark				eCode		0.0	
d-K	® No ○Yes		TEA	® No ○Yes			eCode Reason.			
VCO Protection	No		NCD Entitlement(%)	50			Private Hire		No	
Accident Details										
Report Date	04/02/2020 14:16		Accident Report Within 24 hrs	Yes			Accident Type		Collision	Head to Rear
Nate of Accident	03/02/2020		Time of Acadent hh:min	08:45			Country of Accident	100	Singapore	
eporting Centre			Orange Force				ICM No.			
vocident Location	PIE (TUAS) BEPORE CLEN	ENTI RD EXIT								
▼ Total Excess Applicable										
xcess Type	Per Accident		Windscreen Excess		100.00					
ID Standard Excess	1	600.00	TP Standard Excess		0.00					
IED OD Excess		00.00	YIED TP Excess		0.00					
dittional Excess	1	500	FIELD IF EXCESS				Driver is Covered?			
otal OD Excess Applicable	- 44	00.00	Total TP Excess Applicable							
♥ Benefits		00.00	Total IP excess Applicable							
GST Registered Informa	ation									
ST Registered	No.			GST Beau	tration Date					
ST Registration No.	9923				s Verified		Yes			
odification History										
Policyholder Mailing Ad	dress									
ddress 1	BLK 5934 #15-64		Address 2	MONTREAL LINK			Address 3		HONTREA	VILLE
ddress 4	SINGAPORE 751593		Address Type	Singapore addres	s		Post Code		751593	
nit No.	15-64		Related Policy Number	5111169973						
OI Driver Info										
river Name	Unnamed Driver		Driver Type	Unnamed Driver						
nnamed driver Name	EE TIAN CHONG		Driver NRIC	SXXXX980Z			Driver DOB		19/07/19	85
gister Date of Driver License	17/02/2005		Driver Age	34			Driving Experience		14	
ontact No. (Mobile)	98287224		Contact No.(Office)	0		-	Contact No.(Home)		0	
ddress 1	BLK 593A		Address 2	MONTREAL LINK		0.9	Address 3		MONTREA	L VILLE
ddress 4	SINGAPORE 751593		Address Type	Singapore addres	s		Post Code		751593	
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ne no.	15-64						(2000000)		3500750	
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