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 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.

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SANTAL SALAS SETTIMENTS AND AND SALAS SETTIMENTS	ACCIDENT STATEMENT
Date Of Report	28/03/2020 13:46
Date Of Accident	21/03/2020 23:00
Exact Location Of Accident	WESTERHOUT ROAD
Country/State of Loss	SINGAPORE
The Property of the Control of the C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMN9950X
Insured/Policyholder	
Name Of Registered Owner	LEE ENG HWEE
NRIC No	SXXXX716A
Email Address	VEHLEE888@YAHOO.COM
Mobile Phone No	(LOCAL) +65-92767909

Alternative Phone No Vehicle Particulars

Manufacturer MITSUBISHI
Model ATTRAGE-1.2 (A)

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-81018178

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 5112304912

Cover Note Number 05.09.2019 TO 04.09.2020

Driver

Name of Driver LEE EE SAN (LI YISHAN)

NRIC No SXXXX001D
Date Of Birth 28/11/1971
Occupation INDOOR
Date Of Driving Pass 08/04/1993

Driving Experience 26 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81018178

Fax Number

Contact Number

EMail Address ZACHARY.LEE@TUV-SUD-PSB.SG

Address BLOCK 305D ANCHORVALE LINK

#07-31

Postcode 544305

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PARENT

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

ambulance?

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

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)

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

On 21/03/2020 at about 2300hrs, I was driving my vehicle (A: SMN9950X) along Westerhout Road look for parking lot. A vehicle which in front of me reversing into parallel and I slowed down and stopped to give way. Suddenly, an impact on my vehicle's rear portion and discovered that a vehicle (B: SHA4610M) had hit onto rear portion of my vehicle. After the accident, the said driver did apologised said it was his fault and propose do a private settlement and ask me quote the cost of repair for him instead of claiming insurance. The next few days I have quoted my cost of repair to the said driver but over his demand and unable to do the private settlement because his low income taking.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHA4610M

Vehicle Make/Model/Colour TOYOTA PRIUS, BLUE COLOUR

Details Of Properties COMFORT TAXI

Vehicle Category TAXI

Name of Driver LIM TZE SIONG

NRIC/Passport Number

Contact Number 9616 9726

Address

Postcode

Insurance Company Name

MS FIRST CAPITAL INSURANCE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
- S. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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: 70/.4/.

28/03/ 2020 @ 1430hgs

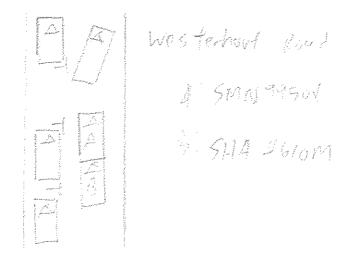
Reporting Centre Personnel's Signature Name: Lan MA Augus

NRIC/FIN No.:

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Sketch Plan Pg. 2

SKETCH PLAN



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cyhalder's Signature e & Time:	Oriver's Signature (If driver is not the policyholder) Date 8 Time: 75/03/2-206/436	Reporting Contro Personnel's Signature Name: Lien VV 5 Um NRIC/FIN No. >2