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General Remarks:-				19213	-
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1) Apply for Transport Allowance ( )/0	Courtesy Car (	)			
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20. 4

#### 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.
- 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.

Charles and the second of the second	ACCIDENT STATEMENT
Date Of Report	20/06/2020 14:21
Date Of Accident	19/06/2020 07:20
Exact Location Of Accident	BKE TWDS KJE BEFORE KJE EXIT
Country/State of Loss	SINGAPORE
The part of the party of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ1853G
Insured/Policyholder	
Name Of Registered Owner	LAI HAI FONG
NRIC No	SXXXX232A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90270163
Alternative Phone No	OFFICE-90270163
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5115339220
Cover Note Number	
Driver	
Name of Driver	LAI HAI FONG
NRIC No	SXXXX232A

 Name of Driver
 LAI HAI FONG

 NRIC No
 SXXXX232A

 Date Of Birth
 02/08/1974

 Occupation
 INDOOR

 Date Of Driving Pass
 20/01/2000

Driving Experience 20 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90270163

Fax Number

Contact Number OFFICE-90270163

EMail Address NOEMAIL

Address BLK 570C WOODLANDS AVENUE 1

#10-852

Postcode 733570

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

YES

Was any other material or property damaged?

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

NO

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: LAI JIA EN ALICIA

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

De Program Charles and Library

Police Station Name ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY:

SINGAPORE

YES

Police Station Contact TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20200619/2054.

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?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SLW6144R

Vehicle Make/Model/Colour VOLKSWAGEN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YP2454E

Vehicle Make/Model/Colour MITSUBISHI

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name LAI HAI FONG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKZ1853G

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

Address

NO

NO

Postcode

## **DETAILS OF INJURED PERSON 2**

Name LAI JIA EN ALICIA

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKZ1853G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

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 Oriver.
- 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 ou! 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 invoive 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Senature

Name:

NRIC/FIN No .:

SKETCH PLAN A: Skz 185367 13 - SLW 6144R C: 4P2454E lature KJE exit. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT to DECLARATION We declare the foregoing particulars are true in every respect. Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name: Date & Time: NRIC/FIN No.: erteat Goodall storm his

Date of Accident	: 14/06/2020 Accident Time: 0720 (24-HR-Format)
Accident Place	: BKE towards kJE before kJE Exit
Vehicle Reg. No. (Car Plate No.)	SKZ 1853 G
Vehicle Make/Model	: Hyundai Elantra
bisurance Company	: NT4 C Policy No
Owner or Company Name /IC No.	: LAI HAI FUNG S7473232A
Owner or Company Contact No.	9027 0163 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: LAI HAI FUNG 57473 2224
DRIVER'S Date Of Birth	: 2/8/1474 DRIVER'S License Pass Date 21/05/2m3
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 570 C VUW/am/s AVE 1 # 10-852 SG 733570.
DRIVER'S Contact No./ Alt No.	:1) 9027 0163 2)
DRIVER'S Occupation	(: INDOOR \DUTDOOR (e.g. working inside or outside office)
Email Address	: Admin Engeur. sq
Weather & Road Surface	: CLEAR & DRY \ RAINING & WET (AFTER RAIN & WED
Reporting Type	: Reporting Only Claim Other Party Claim Own Insurance
Number of Passengers (including I	Driver): 02 / female.
Was there any video Captured by c Exact purpose for which vehicle w	ar camera YES NO as being used at the time of accident: Private use Work purpose
Other	Party Driver's Particular (if anv)
Vehicle Reg. No: SLW 6/44 )	Vehicle Reg. No: YP 2454E
Vehicle Make\Model: \( \mathcal{V} \mathcal{V} \)	Vehicle Make Model: Mikubihi
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

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1 of 3 Report No. T/20200619/2054

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

# REPORT OF A TRAFFIC ACCIDENT

Date/Tin 19/06/20	ne Report M 20 15:50	Made:	Vide Report No.:	Station Diary No.:
Informa	nt's Partic	ulars	Autor at the track the second	New York State Control of the Contro
Name of LAI HAI	Informant: FONG		Address: APT BLK 570C WOODLANI SINGAPORE 733570	DS AVENUE 1 #10-852
ID Type NRIC N	/ ID No.: D / S74732:	32A	Contact No.: Home/Office:	Mobile: 90270163
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age:	Date of Birth: 02/08/1974	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupat ENGINE	ion: ERING AS	SISTANT	Driving Licence Information: Class: 2B,3	Date of Expiry:

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2020 07:20	Type of Location: Straight Road
Location: Along Road 1 BUKIT TIMAF	HEXPRESSWAY			
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Heavy
Type of Collis Between Mov	ion: ing Vehicles - Head	To Rear		Anyone conveyed by ambulance: No

Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
SKZ1853G	Car	HYUNDAI	ELANTRA 1.6 AT ABS D/AB 2WD 4DR	Silver	Seriously Damaged	1
SLW6144R	Car	VOLKSWAGO N		White	Seriously Damaged	1
YP2454E	Lorry	MITSUBISHI		White	Slightly Damaged	0





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

2 of 3 Report No. T/20200619/2054

## CONTINUATION OF REPORT

	ehicle Insurance	A A T R 12 18		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKZ1853G	NTUC Income Insurance Co-Operative Limited	5115339220	13/01/2020	12/01/2021

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No				OR BRIDE SE	A STATE OF THE STA
No. of Pedestrian	ns Injured: NIL		Use of Per	destria	Cross	sing: NA
Driver	STATE OF THE STATE	200000000000000000000000000000000000000	A STEEL AND ELECTRICAL STATES	uestria.	AL ZOMA	Construction of the second
Name	LAI HAI FONG				),	S7473232A
Related Vehicle	SKZ1853G (Car)			Conta	act No.	90270163
Hospital/Clinic	INTEMEDICAL 24	Hr Clinic		Class Drivin Licens Expire	g	Class: 2B,3 Date of Expiry: NIL
Date Treatment			Date Disc		many many and the second	3/2020
No. of Days gran	ted Medical Leave	05	Degree of			
Passenger	<b>新华州</b>	3.27		23290	NEL TOTAL	6000 (C) (C) (C) (C) (C)
Name	LAI JIA EN ALICIA			ID No		T1005204H
Related Vehicle	SKZ1853G (Car)			Contact No.		90270163
Hospital/Clinic	INTEMEDICAL 24 F	dr Clinic		Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL
Date Treatment	19/06/2020		Date Disc			3/2020
No. of Days grant	ted Medical Leave	05	Degree of	Injury	Serio	

### Brief Details.

On 19/06/2020 at about 0720hrs, I was driving my car: SKZ1853G along BKE towards KJE, I was on the merging lane of BKE heading towards into KJE. At that point the traffic was heavy, I had already merged into the 4th lane of KJE. I was following the traffic in front, when the car in front came to a stop. I stopped as well, however out of sudden, I heard a loud sound from the back. I alighted and noticed that a car. plate: SLW6144R had collided into the back of my car, I also noticed that a lorry, plate: YP2454E had collided into the back of SLW6144R. I exchange particulars with both the drivers, I have an in car camera that was recording however it is facing the front. As of now, the back of my car is seriously damaged. I suffer from giddiness and back pain. My daughter is suffering pain from her backside.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

3 of 3 Report No. T/20200619/2054

CONTINUATION OF REPORT

# Sketch Plan

NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 1 LEE CHING HAO NICHOLAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/06/2020 15:50
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp	

<b>eBao</b> Tech					LOS .					Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						Chang	je Languag	e • Char	ige Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo,				Date	of Accident		19/06/2020	07:20	
	Vehicle	No.(For Motor)	SKZ18	53G		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5115339220		LAI HAI FONG	S7473232A	GPC	drivo CLASSIC	SKZ1853G	5KZ1853G	13/01/2020	12/01/2021
					1	Continue	]	- 610			

Sequen	ce Date of Endorseme	nt I	Endorsemen	t Type	Endorsement	Status	Endorsement Content
▼ Endors	ements						
1 Insure	d Object: SKZ1853G	AUTOOOS					
Jnit No.		Relate Numb	d Policy er	5115339220			
Address 4		Addre	ss Type	Singapore address	9	Post Code	733570
Address 1	BLK 570C #10-852	Addre	ss 2	WOODLANDS AVEN	UE 1	Address 3	SINGAPORE 733570
▽ Policyh	older Mailing Address						
Certificate Info							
Open Policy Info							
Flag	83.2%						
Co- nsurance	No						
Agent	SAFE HARBOUR ENSURANCE	Agent Tel.	63823203		GST Flag	Υ	
Singapore OD Excess	600	Singapore TP Excess	0			Youn	g/Inexperience Driver Excess
Excess Outside		Premium Outside	0				
Additional	0	Excess OS	0				
Third Party Excess	0	Own damage	600		Windscreen Excess	100	
Excess Type	Per Accident	All Claims Excess					
Policy ssue Date	06/01/2020	Effective Date	13/01/202	0 00:00	Expiry Date	12/01/2021 2	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 570C #10-852 WOODLAND	OS AVENUE 1 S	INGAPORE	733570			
Certificate No.							
Policy No.	5115339220	Policyholder Name	LAI HAI FO	NG	Policyholder NRIC	S7473232A	

ccident MT/1094847					
licy No.	5115339220	Vehicle No.	SKZ1853G	GST Registration No.	
ert ficate No	ACCUSED 1885	277 062700007	ASS 1 \$6.05 FOM?	2000001.0001020000000000000000000000000	
olicyholder Name	LAT HAT FONG			Policyholder NR3C	S7473232A
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
		Contact No.(Office)	0	Contact No.(Home)	0
ontact No.(Mobile)	90270163			eCode	N.V.
mail Address		Special Remark			Inc. *
FK	® No ○ Yes	TCA	® No ○Yes	eCode Reason	No
CD Protection	Yes	NCD Entitlement(%)	50	Private Hire	NO
W Accident Details					5 500
eport Date	20/06/2020 14:32	Accident Report Within 24 hrs	Yes	Accident Type	Chain Collision
ate of Accident	19/06/2020	Time of Acadent hhomm	07:20	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
codent Location	BKE TWOS KIE BEFORE KIE EXST				
Total Excess Applicable					
scess Type	Per Accident	Windscreen Excess	100.00		
D Standard Excess	600,00	TP Standard Excess	0.00		
ED OD Excess	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OD Excess Applicable	600.00	Total TP Excess Applicable	0.00		
♥ Benefits		A STATE OF THE STATE OF THE STATE OF			
GST Registered Informa	tion				
G GST Registered Informa	No.		GST Registration Date		
ST Registered ST Registration No.			GST Status Venified	Yes	
odification History					
Windshipping States					
P Policyholder Mailing Ad	dress				
ddress 1	BLK 570C #10-852	Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 733570
odress 4		Address Type	Singapore address	Post Code	733570
			Control of the contro		
nit No.		Related Policy Number	5115339220		
© OI Driver Info					
river Name	Lai Hei Fong	Driver Type	Main Driver	57075624247	2222222
nnamed driver Name		Driver NRIC	57473232A	Driver DDB	02/08/1974
egister Date of Driver License	20/01/2000	Driver Age	45	Driving Experience	20
ontact No.(Mobile)	90270163	Contact No.(Office)	0	Contact No.(Home)	0.
ddress 1	BLK 570C	Address 2	WOODLANDS AVENUE 1	Address 3	SINGAPORE 733970
doress 4		Address Type	Singapore address	Post Code	733570
nn No.	10-852				
Does he own a Singapore					
		Driver Vehicle No.		Driver Insurer Company	
	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
egistered sar? eclaration	5347745.19568600.5	12.000000000000000000000000000000000000	Si var O to	Driver Insurer Company	
egistered car? eclaration reathalyser or Blood Test	○ Yes ® No 0 mg	Driver Vehicle No.  Any Injury?	® yes ○ No	Driver Insurer Company	
egistered car? eclaration preathalyser or Blood Test	5347745.19568600.5	12.000000000000000000000000000000000000	⊕ yes ○ No	Driver Insurer Company	
registered car? eclaration breathalyser or Blood Test leading?	5347745.19568600.5	12.000000000000000000000000000000000000	® ves ○ No	Driver Insurer Company	
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egistered sar? eclaration reathalyser or Blood Test eading? odification History	5347745.19568600.5	12.000000000000000000000000000000000000	⊕ Yes ○ No	Driver Insurer Company	
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