SINGAPORE ACCIDENT STATEMENT

INFORTANT NOTICE

- esecond smitter of the bredge of freehoose will be shape; with given or make
- I this figure must be completed by the Policyholder and/or the Authorised Driver
- 3. Private the private of must be as included and accurate as possible. Any willul misrepresentation or witholding of material facts may allow insurance companies to
- 4. The issue and acceptance of this from by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation. 6. This restrict this be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for
- c. (This restort was the named of this resport will, fix a fee, be made available upon application by interested parties.
- 7 th shy loogenest of this regard to the assurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available.

ACC	IDENT ST	ATEMENT
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14/09/2020 08:57 Date Of Report

12/09/2020 11:15 Date Of Accident

Exact Location Of Accident SIGLAP ROAD

SINGAPORE Country State of Loss

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGY6775T

Insured/Policyholder

LEE HANG SIN (LI HANXING) Name Of Registered Owner

SXXXX394B NRIC No

HANXING@GMAIL.COM Email Address (LOCAL) +65-91861168 Mobile Phone No

OFFICE-91861168 Alternative Phone No

Vehicle Particulars

HONDA Manufacturer

STREAM 1.8 A Model

Exact Purpose for which vehicle was being used at

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

NO

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

5061865437-06 CLASSIC Policy Number

Cover Note Number

Driver

LEE HANG SIN (LI HANXING) Name of Driver

SXXXX394B NRIC No. 08/04/1980 Date Of Birth Occupation INDOOR 16/09/2006 Date Of Driving Pass

13 YEARS AND 11 MONTHS **Driving Experience**

MALE Genner

(LOCAL) +65-91861168 Mobile Number

Fax Number

OFFICE-91861168 Contact Number

HANXING@GMAIL.COM EMail Address

Address

22 FIRST STREET

Postcode

458292

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

COLLISION - HEAD TO REAR

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

ambulance?

NO

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)

NO 4

Passenger 1

NAME:

: NEO AIWEI

GENDER:

: FEMALE

Passenger 2

NAME:

: KEANE LEE

GENDER:

: MALE

Passenger 3

NAME:

: JEANETTE LEE

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station Police Station Name

BEDOK DIVISION HQ

Police Station Address

ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKV8554U

Vehicle Make/Model/Colour

MINI/COOPER SDR FWD LED ABS

Page 2 J 18

Details Of Properties
Vehicle Category
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcorle
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

PRIVATE CAR
KHAIRUNNISA BTE MOHD ZAILANI
SXXXX164Z

From 1 11 TE

METCH PLAN

IMPORTANT NOTICE

- 1. Proper report correctly the details of the accident to speed up the claims process
- 2. This Form must be someleted by the Policyholder, and/or the Authorised Orbits.
- Information provided must be as truthful and eccurate as possible. Any willul misrepresentation or windusting of owierse facts may allow insurance companies to regulate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy happing 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 Centry established by the General Insurers of the GIA Records Management Centry established by the General Insurers of the Section of Singapore (GIA) for architring and that copies of this report will for a fee be reade evaluable upon application by interested parties.
- By the ladgment of this report to the insurers, you hereby consent to the enciring of this report at the centre and to closes 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") everyfare particled to estiliate, oid, disclose and/or process my personal data/personal information set out in this (form) and any other personal allocations provided by me or possessed by my insurer (collectively the "Personal Information") and disclose end transfer such Personal Information to all Insurer(s) who have insured vehicle(s) involved to this accident fall insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "tenseres"), the insurers' tengens/lew time, the Monetary Authority of Singapore and any relevant government agency/authority (such as the prison), for the purposals) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any hassessery 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 traiting of correspondence, statements, implicits, reports of singless to see, which could involve disclosure of certain personal data about me to bring about delivery of the same as seed as on the external cover of envelopes/meil packages); and/or
 - (v) complying with applicable law in administering, processing, handling unit/or dealing with my claims instructionly the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law forms, mayber permitted to collect, use, disclose and/or process my Personal information for one or more of the above harposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to stopy third party service providers or agents(including their luxyers/faw firms), which may be sized outside of singapore, for one or more of the electer Purposes.
- (d) my Personal Information will also be collected and used to compile cleans testory for the purpose of freed detection, investigation and management in present and all future claims.
- (4) the information so collected under (d) above may be shared / disclosed.
 - (i) to all insurers and/or any other shird parties that assist to evaluating, investigating, conscilling or managing fraud, regulations, law entire comment and government agencies as reasonably required for the surposes stated, or
 - (8) for complying with requirements under any regulations, leave or sourt orders

Policybolder's bignature Date & Time:

1 4 SEP 2028

Driver's Signature (of priver is not the pulicipulater) Date & Tone: DAC KAKI BUKIT (YAC)

23 Kabi Bukit Ang A 402-02

Singapore 415933

Tab 67418667 Fee 67492305

Eingk vackbartons.com.eq

Reporting Locate Personnel's Signature Market MRC/FM Ass.:

Sketch Plan #2

DECLARATION	s are true in every respect.	1DAC KAKI BUKIT (VAC) 23 Kaki Bukit Are A #02-02 Singapore 415953 Tel: 67418697 Fax: 6749230 Email: vackings/com.com.eq
lefer to police R	l'e fort	
BIBE CIRCUMSTANCES OF THE	ACCIDENT	□ - skv 8554U → - s6767757

14/9/20

Maga 6 of 16