SN0721BQ000D / NTUC Income Insurance Co-operative Ltd ENTRY DATE & TIME: 26/11/2021 13:46 (SGT) SUBMITTED BY: Chen Jun Liang VERSION: 1 (26/11/2021 13:46 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed by the Policyholder and/or the Authorised Driver</u>
 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.

ACCIDENT STATEMENT

Date of Submission 26/11/2021 13:46 (SGT) Date of Accident 25/11/2021 15:15 (SGT) Exact Location of Accident Singapore Additional Location Information BUKIT TIMAH ROAD TOWARDS UPPER BUKIT TIMAH Country/State of Loss Singapore

,,	Ciligapore
DETAILS OF	OWN VEHICLE
Vehicle Registration Number	SDD1368P
INSURED/POLICYHOLDER	
Is company? Name Of Registered Owner NRIC No Email Address Mobile Phone No Alternative Phone No	No LIAN WEE TECK S1749660C LIANWEETECK@HOTMAIL.COM (Phone) +65-96161598 +65-96161598
VEHICLE PARTICULARS	
Manufacturer Model Variant 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? Vehicle Category Transmission CC INSURANCE COMPANY	Mazda 5 - Private use No - Claiming third party Private car Auto 2000
Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number	NTUC Income Insurance Co-operative Ltd Comprehensive No 5114060182-02 29/12/2021 - 28/12/2022

LIAN WEE TECK S1749660C

Accident report SN0721BQ000D

DRIVER

Name of Driver

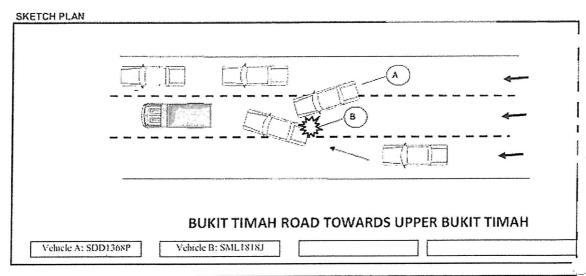
Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver Insurance Company of Other Vehicle Owned by Driver	15/11/1966 Indoor 31/05/1986 35 YEARS AND 6 MONTHS Male (Phone) +65-96161598 +65-96161598 LIANWEETECK@HOTMAIL.COM 82 HILL VIEW AVE #03-01 - 669581 Yes - No
Type of Accident Weather Conditions Road Surface OTHER INFORMATION	Side Swipe Clear Dry
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 1
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom? CIRCUMSTANCES OF ACCIDENT	No No -
REFER TO SKETCH PLAN ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	Yes Yes FILE SIZE TOO LARGE No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SML1818J
Vehicle Manufacturer	Hyundai
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	Blue
Vehicle Category	Private car
Name of Driver	RACHEL
Contact Number	(Phone) +65-90109919
A	

Accident report SN0721BQ000D

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	REAR RIGHT PORTION
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1



ON 25 NOV ABOUT 1515 HRS, I WAS TRAVELLING ALONG BT TIMAH ROAD TOWARDS UPP BT TIMAH IN RIGHT MOST LANE. AS THERE WAS VEHICLE WANTING TO TURN RIGHT AND I AM GOING STRAIGHT. I DECIDED TO FILTER LEFT TO THE MIDDLE LANE. I SLOWED DOWN, SIGNALLED LEFT, AND SLOWLY FILTERED TO THE MIDDLE LANE. SUDDENLY, A BLUE CAR APPEARED ON MY LEFT FROM BEHIND AND HIT THE SIDE FRONT OF MY CAR. BRUSHING THE SIDE AND FRONT BUMPER, SHE ADMITTED AT SITE THAT SHE WAS TRAVELLING FAST WHICH TALLY WITH MY REAR VIDEO FOOTAGE. SHE HIT MY CAR AT QUITE A HIGH SPEED WHILE I WAS FILTERING OUT SLOWLY, I CAN FEEL MY CAR SHAKING DUE TO THE IMPACT. THERE WASN'T A CHANCE FOR ME TO REACT TO AVOID AN IMPACT AS SHE CAME FROM BEHIND AND AT A MUCH FASTER SPEED. THE DAMAGE TO MY CAR WAS MORE SERIOUS ALSO AS SHE DIDN'T STOP AFTER THE IMPACT AND STILL DRAG ON IN QUITE A RECKLESS MANNER, SHE WAS FILTERING FROM THE LEFT MOST LANE INTO THE MIDDLE LANE. SHE SHOULD BE ABLE TO SEE THAT I WAS AT HER RIGHT FRONT BUT STILL RAMPED INTO MY CAR, I APPEALED TO CLAIM MY DAMAGE FULLY AGAINST HER AS SHE SHOULD HAVE SEEN MY CAR AND SHOULDN'T HAVE RAMPED INTO MY CAR WHICH IS INFRONT OF HER IF SHE HAS BEEN CAREFUL.

DECLARATION

IWe deplace the foregoing particulars are true in every respect.

26:11:2021 13:20

26-11-2021 13:20

Reporting Centre Personnel's Signature Name: Chen JunLiang

NRIC/ Fig No: \$990765

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

NHR	Income Motor	Service Centre	120	,	1.1	

Report No. M.I.

Ve	litate Nor	50013	68P
Make	Model	Mazda	5

Report Date: 26/41/202	1 Shot Time 1:20 PM
Reporting Lyse TP	Find I mic

SKETCH PLAN

IMPORTANT NOTICE

- 1. Prease 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
- 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 ladgement 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' lawversitaw 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, involces, 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 siled 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, anvestigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonable required for the purposes stated, or

(ii) for complying with requirements under any regulations, law or court orders.

Date & Time:

36:11 2021 13:20

26/11/2021 13:20

Driver's Signature (If driver is not the policyholder)

Reporting Centre Personnel's Signature Name: Chen JunLiang

NRIC/ Fin No: \$990765

Date & Time:

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Policyholder's Signature