

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 Actual 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 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 | 08/09/2022 17:16 (SGT) |
| Reported by | Both |
| Date of Accident | 07/09/2022 16:30 (SGT) |
| Exact Location of Accident | Napier Rd, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SLE8922T |
|-----------------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------------|----------------------|
| Is company? | No |
| Name Of Registered Owner | LIEW SUN FATT |
| NRIC No | S2509157D |
| Email Address | NELSONLIEW@GMAIL.COM |
| Mobile Phone No | (Phone) +65-97747407 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Toyota |
| Model | Sienta |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 1500 |

INSURANCE COMPANY

| | |
|---|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5114471621-02 |

DRIVER

| | |
|----------------------|---------------|
| Name of Driver | LIEW SHAO MIN |
| NRIC No | S9131802D |
| Date Of Birth | 10/09/1991 |
| Occupation | Indoor |

| | |
|--|---------------------------------------|
| Date Of Driving Pass | 30/07/2010 |
| Driving experience | 12 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-91738387 |
| Alt. Phone Number | - |
| Email Address | FELICIA.80@HOTMAIL.COM |
| Address | BLK 536 JURONG WEST STREET 52 #08-499 |
| Address complement | - |
| Postcode | 640536 |
| Is the driver the policyholder? | No |
| If No, Relationship of the Driver with the Insured | Child |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------------|-------------------------------|
| Type of Accident | Collision - Change/cross lane |
| Weather Conditions | Raining |
| Road Surface | Wet |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 2 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|---|
| Was the accident reported to the police? | Yes |
| Police Station Name | Jurong Division Headquarters |
| Police Station Phone No | (Phone) +65-18007910000 |
| Alt. Police Station Phone No | (Fax) +65-68965647 |
| Police Station Address | No. 2 Jurong West Avenue 5 Singapore 649482 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: J/20220908/7000

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------------|----------|
| Vehicle Registration Number | SHD3622U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|-----------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | VEHICLE B |
| No. Of Passenger (Including Driver) | - |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|---------------|
| Name of injured person | LIEW SHAO MIN |
| Gender | Female |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SLE8922T |
| Were seat belts worn? | Yes |
| Was this injured conveyed to hospital by ambulance? | No |

SKETCH PLAN

IMPORTANT NOTICE

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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.

8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

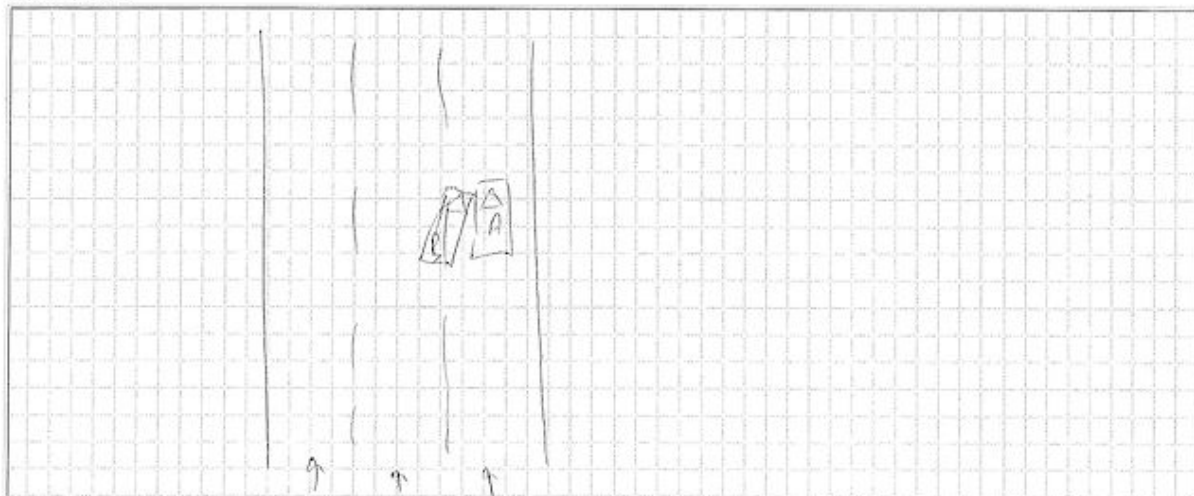
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
- (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, 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

Sketch Plan



Describe Circumstance of the Accident

Refer to police report.

Declaration

I/We declare the foregoing particulars are true in every respect.

X

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)























**SINGAPORE
POLICE FORCE**



J/20220908/7000

1 of 2

POLICE REPORT (NP299)

Report No. J/20220908/7000

Police Station Of Origin
Jurong Division HQ
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7910000

| | | |
|--|---|-------------------|
| Date/Time Report Made 08/09/2022 00:09 | Vide Report No. | Station Diary No. |
| Name Of Informant LIEW SHAO MIN | Address 536 JURONG WEST STREET 52 #08-499 SINGAPORE 640536 | |
| ID Type / ID No. NRIC NO / S9131802D | Contact No. Home/Office: Mobile: 91738387 | |
| Nationality SINGAPORE CITIZEN | Email Address FELICIA.80@HOTMAIL.COM | |
| Occupation Insurance sales agent/broker | Sex Female | Age 30 |
| Institution/School Name | Date of Birth 10/09/1991 | Race Chinese |
| Date/Time Of Incident 07/09/2022 16:30 - 07/09/2022 16:35 | Language English | |
| | Location Of Incident 536 JURONG WEST STREET 52 #08-499 SINGAPORE 640536 | |

Brief details.

A Comfort Delgro taxi bumped into the left side of my car while suddenly cutting into my lane. Driver's name is See Ah Kau. His licence number is S1214219F. His car plate number is SHD3622U. The accident happened along the road towards Tanglin road after a speed camera. He was in the middle lane while I was on the first lane. He suddenly cut into my lane with no awareness that I was next to his car. After the accident, he immediately signalled me to the first lane to exchange particulars.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/09/2022 00:09 |
| Officer In-Charge Of Case: | Classification Of Case: |



SINGAPORE
POLICE FORCE



J/20220908/7000

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220908/7000

| | | | |
|---------------------------------------|------------------------------|---------------------------|--|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | LIEW SHAO MIN | | |
| ID Type | NRIC NO | ID No | S9131802D |
| Gender | Female | Age | 30 |
| Race | Chinese | Language | English |
| Occupation | Insurance sales agent/broker | Address | 536 JURONG WEST STREET 52 #08-499 SINGAPORE 640536 |
| Mobile No | 91738387 | Is Informant A Victim? | Yes |
| Person Name LIEW SHAO MIN (Informant) | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/09/2022 00:09 |
| Officer In-Charge Of Case: | Classification Of Case: |



THE SCHEDULE

Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule, Endorsement and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

| | |
|-------------------------|---|
| Policy Number | : 5114471621-02 |
| The Policyholder | : LIEW SUN FATT BLK 536 #08-499 JURONG WEST STREET 52 SINGAPORE 640536 |
| Period of Insurance | : 04 Feb 2022 To 03 Feb 2023 |
| Sum Insured | : Market Value of Insured Vehicle less Residual COE/PARF Value at Time of Loss |
| Premium (inclusive GST) | : S\$1,801.49 |

Interest Insured

| | | |
|--------------------------------------|----------------------------|--------------------------|
| Cover Type | : drive CLASSIC | |
| Primary Driver | : Liew Sun Fatt | |
| Named Driver (1) | : N/A | |
| Named Driver (2) | : N/A | |
| Make/Model | : TOYOTA/SIENTA | Capacity : 1500cc |
| Registration Number | : SLE8922T | Registration Year : 2016 |
| Chassis Number | : NSP1707040107 | Off-peak Car : No |
| Repair at Owner's Preferred Workshop | : No | Insure with COE : No |
| Excess (Section 1) | : S\$2,000 | NCD Entitlement : 20% |
| Excess (Section 2) | : S\$1,500 | NCD Protection : No |
| Windscreen Excess | : S\$100 | |
| Additional Excess | : S\$1,500 | |
| Hire Purchase Company | : SPEEDO CAPITAL PTE. LTD. | |

Optional Cover

| | |
|--|------|
| Roadside Assistance and Wellness Cover | : No |
| Transport Allowance | : No |
| Excess Waiver | : No |

Memo A : 1) The Policy does not cover any driver who is below 22 years old or with less than 2 years driving experience.
2) Section 1 clause 8 on Unnamed driver excess will not apply.

Endorsement Operative : M3

| | |
|---------------|---|
| Agency | : PLUTUS PRUDENCE PTE. LTD. (00000662754) |
| Date of Issue | : 03 Feb 2022 11:13 hrs |

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive