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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 ability.
- 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.
- Any false reporting may be referred to the Police for investigation.
 This report will be forwarded by the insurers of 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.	service the archiving of this report at the centre and to copies of the report being made available
Controlled Add Charles (1825 to 1816 the control	ACCIDENT STATEMENT
Date Of Report	20/12/2017 09:13
Date Of Accident	19/12/2017 13:00
Exact Location Of Accident	CLEMENTI AVENUE 2 TOWARDS CLEMENTI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJK7568G
Insured/Policyholder	
Name Of Registered Owner	KOH LENG LENG
NRIC No	S7207663Z
Email Address	KOHLENGLENG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96853269
Alternative Phone No	OTHERS-96853269
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (A)
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	REPORTING ONLY
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	5051952754-06
Cover Note Number	
Driver	
Name of Driver	KOH LENG LENG
NRIC No	S7207663Z
Date Of Birth	02/03/1972
Occupation	INDOOR
Date Of Driving Pass	14/01/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96853269
Fax Number	
Contact Number	OTHERS-96853269
EMail Address	KOHLENGLENG@GMAIL.COM

Address

BLK 461 CLEMENTI AVENUE 3

#19-818

Postcode

120461

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?

1? NO

Number of vehicles involved in the accident

NO

Was any body injured in the Accident?

090000

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)

NO

soliciting/offering accident claims assistance.

...

Number of Passengers (Including Driver)

Passenger 1

2

: LEE HUA SUN

NAME: GENDER:

: FEMALE

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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJF2537E

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LIM WEE KIAT

NRIC/Passport Number

S9212321I

Contact Number

96859756

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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 Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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 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:
 - 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: 19 Dec 2017

5-04

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

EKETCHPLAN (photos attached.	
- CLEMEAN 1 ROAY	
A75JK7568G \ BA \ 75)SJF7537fz	CLAMMENT I
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	so an I am diving from my
home at Clementi Ave 3 to the ACS International, Dalan Hitam	Manis. As I dive along
clements Ave 2 and was about	of me has stopped turned

On 19th Dec 2017, about 12.50 pm, I am diving from my
home at Clementi Ave 3 to the school where I worked, at
ACS International, Dalan Hitam Manis. As I drive along
clements Ave 2 and was about to turn into Clements Road,
I stop an the car in front of me has stopped. I turned
my head towards the right to check the traffic cond-
it's then are I could the cor in front of the was
moving I move my car toward too. But the car SJF
2537 E stopped aboutly so my car bumped into it.
T came out of my vehicle to check the condition of both vehicles. Mine has a small indent in front and the
both vehicles. Mine has a small indent in front and the
other car has an indent too. We took photos and
exchanged contact information.

DECLARATION

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

Policyholder's Signature
Date & Time: 191217
S. 000 M

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident MT/0974438						
	24 20000-0-0-0-0					
Policy No.	5051952754-06		Vehicle No.	SJK7568G	GST Registration No.	
Policyholder Name	KOH LENG LENG				Policyholder NRIC	
Product Code	PRIVATE CAR INSU	RANCE	Cover Type	drive CLASSIC	Loading	
Contact No.(Mobile)	96853269		Contact No.(Office)		Contact No.(Home)	
Email Address	VII. 1889 1880		Special Remark		eCode	
KFK	○ No Yes		TCA	No	eCode Reason	
NCD Protection	No		NCD Entitlement(%)	50	Private Hire	No
→ Accident Details						
Report Date	20/12/2017 09:31		Accident Report Within 24 hr	s Yes	Accident Type	Collision -
Date of Accident	19/12/2017		Time of Accident hh:mm	13:00	Country of Accident	Singapore
Reporting Centre			Orange Force		ICM No.	100000000000000000000000000000000000000
Accident Location	CLEMENTI AVENUE	2 TOWARDS CLEMEN	TI ROAD			
♥ Benefits						
▽ Excess						
Own damage Excess		600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess		0.00	Outside Singapore OD Excess		AS 01402 (0140 - 0140 - 05 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
Third Party Excess		0.00	Outside Singapore TP Excess	0.00		
GST Registered Infor	mation			06758		
GST Registered	No			GST Registration Date		3.0
GST Registration No.				GST Status Verified	Yes	
Modification History						
ov Bellevick and an inch						
→ Policyholder Mailing A						
Address 1	BLK 461 #19-618		Address 2	CLEMENTI AVENUE 3	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Unit No.			Related Policy Number	5051952754-06		
OI Driver Info						
Driver Name	KOH LENG LENG		Driver Type	Main Driver		
Unnamed driver Name			Driver NRIC	57207663Z	Driver DO8	
Register Date of Driver Licens	e 15/01/2011		Driver Age	45	Driving Experience	
Contact No.(Mobile)	96853269		Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 461 #19-618		Address 2	CLEMENTI AVENUE 3	Address 3	
Address 4			Address Type	Singapore address	Post Code	
Jnit No.						
Does he own a Singapore Registered car?	Yes No		Driver Vehicle No.	SJK7568G	Driver Insurer Company	
eclaration						
Preathalyser or Blood Test Reading?	0 mg		Any injury?	Yes No		
odification History						
3.5000000000000000000000000000000000000						
Claim 001 OD-MX Ne	w					
laim Type •	OD-MX		C 420 CONTRACTOR		/B03/5-00000.425	
ontact No.(Mobile)	96853269		Insured Name	KOH LENG LENG	Insured NRIC	
mail Address	90033209		Contact No.(Home)	68734876	Contact No.(Office)	
	ENVERSE LENGTH		OI Vehicle Number	SJK7568G	TP Vehicle Number	
laim Description	SJK7568G / SJF2537E	UN 19 Dec 2017	SAUGANIA HARRAMANIAN N	COLD COURSE	Name of Preferred Workshop	
			Insured Liability *	Fully at Fault ▼		
referred Workshop Contact						
referred Workshop Contact o.	Yes	•	Preferered Repair Option	Preferred Workshop, Name unknown	▼ GIA report	
referred Workshop Contact o. equire Finalisation	Yes 20/12/2017 10:10	•	Preferered Repair Option Claim Close Date	Preferred Workshop, Name unknown	▼ GIA report Date Received	
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referred Workshop Contact lo. equire Finalisation late Registered eport Taken By	20/12/2017 10:10		Claim Close Date		Date Received	
referred Workshop Contact le. equire Finalisation late Registered eport Taken By Print AK letter Attachment	20/12/2017 10:10 ROSLI WAHAB		Claim Close Date Workshop Repairer	Save Submit	Date Received	





	AGCIDENT'STATE	MENT.
7.5.4	19 12 2017	
ACCI	DENT DATE: 19/12/2017 100/MM/YY	YY), TIME:(_,12.;E](HR:MM)
LOCA	TION: Clementi Ave 2 towa	irds (lementi Rd)
	DATA HE OF PATHOLE	
1.	DETAILS OF VEHICLE SJK 756	36/
	DINSURANCE COMPANY: NTMC]	NOM &
20	OPOLICY NUMBER: 505 1952754	- 04
	DIPOLICY TYPE: (COMPREHENSIVE / THIRD P.	ARTY / THIRD PARTY FIRE &THEFT)
	BIMAKE & MODEL: HONDA DEA	
	FITYPE'/SAKOON / COUPE / MPV /V AN / LOR	RRY / MOTORCYCLE, / OTHERS
	g) VEHICLE CATEGORY: (PRIVATE / COMMER	CIAL/MOTORCYCLE)
	hIPURPOSE OF USING AT ACCIDENT TIME:	Holing ON
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (TES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM /	KEP,OKING ONCT)
2,	ANAME: KOH LENG LENG	MALE / FEMAREL a
9	BINRIC/FIN/PASSPORT: ST207663 Z	CONTACT: 9635 326
	CLADDRESS: BIK 461 Clementi Ave	3 #19-618 S:12046
a 6 °	- ACCITICATE TO 2 A JE DRIVER ALSO POLICY	HOLDER
	CONTINUE TO 3.4 IF DRIVER ALSO POLICY	
\$1,70 of bassongs	= 1814 1E	(MALE / FEMALE)
(Including driver)	b)NRIC/FIN/PASSPORTI	
(2)	c)ADDRESS:	
87761 to		No. of the second secon
2.	*d) DATE OF BIRTH: (02 / 03 / 1972)(D	D/MM/YYYY)
Œ.	O) OCCUPATION: (INDOR / OUTDOOR)	, 2011
4	WAS DRIVER AN EMPLOYEE OF THE INST	OKED'S COMPANII (100 / 114)
	IF NO. RELATIONSHIP OF THE DRIVER W	VITH INSUREDI
5.	OWEATHER CONDITION: (CLEAR / RAINING	S / OTHERS
19	DIROAD SURFACE: (ORD) WET OTHERS_	
ó. 7	WAS ANYBODY INJURED (YES / 10)	
3 2	IF YES, PLEASE STATE WHICH POLICE STATE	ON:
. 8,	THIRD DARTY VEHICLE	
the of passenger	O) VEHICLE NUMBER: SJF 2557 5	MODEL: 104917
(Induding driver)	HI DRIVER'S NAME: LIM WLE FIFT	CONTACT: 9685 9756
(1)	, C) NEICLENTE YOUR ONLY	
9.	THIRD P'ARTY VEHICLE d) VEHICLE NUMBER:	MODEL:
\$ No of passinger	· · · · · · · · · · · · · · · · · · ·	
(Including drive		CONTACT:
()	E)	

email = kohlengleng @ Smail. 6M

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7207663Z

KOH LENG LENG (XU LINGLING) 许

CHINESE

02-03-1972 F SINGAPORE





A0095979





0+

11-01-2002

APT BLK 461 CLEMENTI AVENUE 3 #19-618

SINGAPORE 120461

NRIĆ No: \$7207683Z

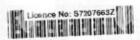
Date: 21/08/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 15 Jan 2011

MP 428A



eBao Tech			Genera				eralClaim			
Hello, NAC_BUKIT_MERAN	_800676						Change La	inguage	· Change Passwe	ord + Log Out
My Desktop	Poli	cy Query								,
Notice of Loss	Palicy 1	No.				Date of Acc	cident	19/12	2/2017 17:14	1
	Vehicle No.(Far Motor)		SJK7568G							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5051952754-06	KOH LENG LENG	S7207663Z	GPC	drivo CLASSIC		SJK7568G		01/11/2018
			LENG	0.0070002	18.5	Continue	33173080	31K/308G	02/11/2017	01/11/2018