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Owner / Driver: (		Tel:	)	
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Confirmed by : (	Date:	Time:	)	
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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the ctaims process.
   This Form must be <u>completed</u> 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.

- 6. 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

Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number  SCG6298X  Insured/Policyholder  Name Of Registered Owner NRIC No S1408168B NOEMAIL (LOCAL) +65-97586019 OFFICE-97586019  Vehicle Particulars  Manufacturer 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?  If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage  DOG LAY KHIM DORIS SINGAPORE  SCG6298X  INSURE STAILS OF OWN VEHICLE  SCG6298X  INSURANCE CORPAN  INSURANCE CO-OPERATIVE LTD  Type Of Coverage	A STATE OF THE STA	ACCIDENT STATEMENT	
Date Of Accident 0801/2018 09:30 INSIDE ENTERPRISE ONE SINGAPORE  Country/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SCG6298X  Insured/Policyholder  Name Of Registered Owner S1408168B  Insurance Or Registered Owner No (LOCAL) +65-97586019  Vehicle Particulars  Manufacturer HONDA  Model Civic VTI 4M  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy for repair by our whicle?  If No, Please state action to be taken PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  Nowbick No  Policy Number  Cover Note Number  TAN JIN YANG JEREMY  NANG Policy Number  Cover Note Number  TAN JIN YANG JEREMY  NANG Policy Peperince  INDOOR  Date Of Driving Pass  1908/2016  MALE  MOEMAIL  NOEMAIL  NOEMAIL  NOEMAIL  NOS  S9548805F  Ording Pass  1908/2016  Driving Experience  MALE  Mobile Number  LOCAL) +65-91132273  NOEMAIL  NOEMAIL  NOEMAIL	Date Of Report	08/01/2018 18:50	
Exact Location Of Accident SINGAPORE  Outliny/State of Loss  DETAILS OF OWN VEHICLE  Vehicle Registration Number SCG6298X  Insured/Policyholder  Name of Driver Name of Driver Name of Driver Sundapone Separation Number  Driving Experience Company  Name of Driver Name of Oriver Name of Contact Name of Contact Name of Contact Name of Oriving Pass Driving Experience Contact Number  Noel Name of Oriver Name of Oriver Name of Oriving Pass Driving Experience Contact Number  Noel Name of Oriver Name of O		08/01/2018 09:30	
Vehicle Registration Number SCG6298X  Insured/Policyholder  Name Of Registered Owner ONG LAY KHIM DORIS  NRIC No S1408188B  Email Address NOEMAIL  Mobile Phone No (LOCAL) +65-97586019  Vehicle Particulars  Manufacturer HONDA  CIVIC VTI 4M  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?  If No, Please state action to be taken THIRD PARTY  Vehicle Category PRIVATE CAR  Insurance Company  Name of Insurance Company  Name of Insurance Company  Name of Insurance Company  No  Policy Number  Cover Note Number  Driver  Name of Driver  No  No  No  No  No  No  No  No  No  N		INSIDE ENTERPRISE ONE	
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Insured/Policyholder Name Of Registered Owner NRIC No S14081688 NOEMAIL Mobile Phone No Alternative Phone No OFFICE-97586019  Vehicle Particulars Manufacturer 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? Insurance Company Name of Insurance Company Name of Insurance Company Third Party Fire And/OR THEFT Pleet Policy No Policy Number Cover Note Number  Driver Name of Driver NRIC No S9548805F NOT/12/1995 NOCREASE NOCREA	D	ETAILS OF OWN VEHICLE	
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Email Address         NOEMAIL           Mobile Phone No         (LOCAL) +65-97586019           Vehicle Particulars         HONDA           Manufacturer         HONDA           Model         CIVIC VTI 4M           Exact Purpose for which vehicle was being used at time of accident         PRIVATE USE           Are you claiming under your own insurance policy repair to your vehicle?         NO           If No, Please state action to be taken         THIRD PARTY           Vehicle Category         PRIVATE CAR           Insurance Company         NTUC INCOME INSURANCE CO-OPERATIVE LTD           Type Of Coverage         THIRD PARTY FIRE AND/OR THEFT           Fleet Policy         NO           Policy Number         5084934891           Cover Note Number         **           Driver         TAN JIN YANG JEREMY           NRIC No         S9548805F           Oate Of Birth         07/12/1995           Occupation         INDOOR           Date Of Driving Pass         19/08/2016           Driving Experience         1 YEAR AND 4 MONTHS           Mobile Number         LOCAL) +65-91132273           Exal Number         Contact Number           Email Address         NOEMAIL	CONTRACTOR ACTION	S1408168B	
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Type Of Coverage Fleet Policy NO Policy Number 5084934891  Cover Note Number - Driver  Name of Driver NRIC No S9548805F Date Of Birth Occupation Date Of Driving Pass Driving Experience Gender Mobile Number  Fax Number Contact Number  EMail Address  THIRD PARTY FIRE AND/OR THEFT NO	Insurance Company		
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Fax Number Contact Number EMail Address NOEMAIL	Gender	MALE	
Contact Number EMail Address NOEMAIL	Mobile Number	(LOCAL) +65-91132273	
EMail Address NOEMAIL	Fax Number		
EMail Address NOEMAIL	Contact Number		
	EMail Address	NOEMAIL	

Address

BLK 524 HOUGANG AVE 6 #07-131

Postcode

530524

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

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

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

YES

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.

NO

Number of Passengers (Including Driver)

1

**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 ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**GBE4717P** 

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

COMMERCIAL VEHICLE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

TAN JIN YANG JEREMY

Page 2 of 12

Approximate Age Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK SCG6298X

YES

NO

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 resrepresentation 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 felse 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 ladgment 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)

Lunderstand, acknowledge, agree and consent that:

- 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) (nvolved 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)
  - (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/mall 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.
- 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, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(li) for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

Policyholder's Signature

Date & Time:

page programme a

DECLARATION We declare the foregoing particu	ilars are true in every respect.		ig Centre Personnel's Signature	
JECLARATION				
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DENNY SWEARINGS ST.

# SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process. This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

### **Accident details**

Date and time of accident	Date: 68/01/2018	(DD/MM/YY) Time: 9:30am.	(HH:MM)
Exact location of accident	Inside Partir prise ONE		

### Details of vehicle

Vehicle registration number	SCG 6298x
Vehicle make and model	Harda
Type of vehicle	Saloon MPV CRV Van CRV O Van Chers:
Vehicle category	Private   ✓ Commercial   ☐ Motorcycle   ☐
Purpose of using at said time	private
Are you claiming under your own insurance company?	Yes □ No⊿ if no, please select:  Third part claim ☑ Reporting only □

## Insurance information

Insurance company	MIC		
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only 🗆

## Insured / Policy holder

	ONG LAY HAM DOFES	Male 🗆	Female 🗸
Name			-
NRIC / Fin / Passport number	S14 08 (6B B		
Contact	975 86 019.		SSZERIJE -
Address	Bix 524, Howary Ave 6, # 07-131	5(530524)	

### Driver

# Same as insured above □ (skip to D.O.B)

Name	TAN JIN YAMO, JEREMY Male Female
NRIC / Fin / Passport number	595 488 65 F
Contact	9113 2273
Address	BIK 524 Hongang Areb , \$07-131 5(530 524)
Email address	
Date of birth	07/12/1995
Occupation	Indoor Outdoor
Driving date pass	19/Aus 12016

# General information of the accident

Was driver an employee of the insured's company?	Yes □ If no, rela	No □ ationship of the d	river and insured:	Molim
Accident captured by camera?	Yes	No 🗆		
Weather condition	Clear 🗆	Raining 🛛	Others:	
Road surface	Dry 🗆	Wet		(1 1 1 £ duiton)
No of passenger	1			(Inclusive of driver)

# Passenger 1

Name			
Gender	Male 🗆	Female	

### Passenger 2

Name			
Gender	Male 🗆	Female	

# Passenger 3

Name			
Gender	Male □	Female	

### Passenger 4

No.		
Name		
Gender	Male   Female	

## Passenger 5

Name		
Gender	Male □ Female □	

## Passenger 6

Name			
Gender	Male □	Female □	

## Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No 🗆	

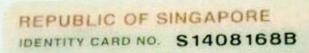
# Details of police action

Reported to police?	Yes 🗆	Noz	If yes, please state which police station.
Police station name			





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ONG LAY KHIM DORIS

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Race

CHINESE

Date of birth

28-04-1960 F

Country of birth

SINGAPORE

CIACRIERE

3678794





NRIC No. S1408168B

Date of issue

03-02-2005

APT BLK 524 HOUGANG AVENUE 6 #07-131 SINGAPORE 530524

NRIC No: \$1408168B

Date: 25/04/2011

No: 6752194

GeneralClaim **eBao**Tech · Log Out · Change Language Change Password Hello, NAC\_PAYA\_UBI\_800601 **Policy Query** My Desktop 08/01/2018 18:50 Date of Accident Notice of Loss Policy No. SCG6298X Vehicle No.(For Motor) Search Commence Date Insured Vehicle No. Policyholder NRIC Expiry Date Policyholder Name Cover Type Product Object Policy No. Select Third Party, Fire & Theft 03/02/2018 12/10/2016 ONG LAY KHIM SCG6298X SCG6298X S1408168B GPC 5084934891 0 DORIS Continue

laim Handling					
ccident MT/0976895	A 400 A 500 A	TOO THE COURT OF T		GST Registration No.	
Policy No.	5084934891	Vehicle No.	SCG6298X	Policyholder NRIC	5140
Policyholder Name	ONG LAY KHIM DORIS			Loading	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Theft	Contact No.(Home)	*
Contact No.(Mobile)	97586019	Contact No.(Office)		eCode	No.N
Email Address		Special Remark			
KFK	® No ○ Yes	TCA	® No ○ Yes	eCode Reason Private Hire	No
NCD Protection	No	NCD Entitlement(%)	0	Private rine	100
<ul> <li>Accident Details</li> </ul>					
Report Date	08/01/2018 19:06	Accident Report Within 24 hrs	Yes	Accident Type	Collis
Date of Accident	08/01/2018	Time of Accident hh:mm	09:30	Country of Accident	Singi
Reporting Centre		Orange Force		ICM No.	
Accident Location	INSIDE ENTERPRISE ONE				
♥ Benefits					
♥ Excess					
Own damage Excess	0.00	Additional Excess		Windscreen Excess	
	2,500.00	Outside Singapore OD Excess	0.00		
Unnamed Oriver Excess Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
		A CONTRACTOR OF THE PROPERTY O			
GST Registered Informa	The state of the s		GST Registration Date		
GST Registered GST Registration No.	No		GST Status Verified	Yes	
Modification History					
Policyholder Mailing Ad	dress				
Address 1	BLK 524 #07-131	Address 2	HOUGANG AVENUE 6	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	530
Unit No.		Related Policy Number	5084934891		
OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver	2000 10000	
Unnamed driver Name	TAN JIN YANG JEREMY	Driver NRIC	S9548805F	Driver DOB	07/
Register Date of Driver License		Driver Age	22	Driving Experience	1
Contact No.(Mobile)	91132273	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 524 #07-131	Address 2	HOUGANG AVENUE 6	Address 3	SIN
Address 4		Address Type	Singapore address	Post Code	530
	07-131				
Unit No.  Does he own a Singapore	Alban Manus	Committee and		Driver Insurer Company	
Registered car?	O Yes  No	Driver Vehicle No.			
Declaration Divid Test		90 NOVEN	8v-0v-		
Breathalyser or Blood Test Reading?	0 mg	Any injury?	● Yes ○ No		
Modification History					
- 0.00 N					
Claim 001 New					
					-
Claim Type *	OD-MX	Insured Name	ONG LAY KHIM DORIS	Insured NRIC	51
Contact No.(Mobile)	97586019	Contact No.(Home)	63857289	Contact No.(Office)	
Email Address	taurus28460@yahoo.com.sg	OI Vehicle Number	SCG6298X	TP Vehicle Number	G8
Claim Description	SCG6298X / GBE4717P ON 8 Jan 2018			Name of Preferred Workshop	0
Preferred Workshop Contact		Insured Liability *	Not at Fault		
No.	0		Preferred Workshop, Name unknown	GIA report	Re
Require Finalisation	Yes	Preferered Repair Option	Freignes Herkshop, manie unknown	Date Received	08
Date Registered	08/01/2018 19:09	Claim Close Date		AND THE PROPERTY OF THE PARTY O	bee
Report Taken By	LIEW SHAN HUT				

Accident No.	MT/0976895	Claim No.		001					
Last Doc. Received	● Yes ○ No	Upload Date		08/01/2018 19	:10				
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Attachment	Uploaded By/Date		Category	9	Urgency			D	escriptio
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⇒ Video List	Uploaded By/Date Folder Date		File Name			9		50	urce