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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.
- 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.

5. 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.

CUEN SCHOOL SELECTION OF SELECTION	ACCIDENT STATEMENT	
Date Of Report	10/01/2018 11:11	
Date Of Accident	05/01/2018 11:00	
Exact Location Of Accident	18 LEEDON HEIGHTS LEEDON RESIDENCE	
Country/State of Loss	SINGAPORE	
	ETAILS OF OWN VEHICLE	THE SE
Vehicle Registration Number	SGT1343R	
Insured/Policyholder		
Name Of Registered Owner	ELITE RESOURCES MANAGEMENT	
Co Reg No	53359044B	
Email Address	DART1271@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-96424522	
Alternative Phone No	OFFICE-96424522	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	COROLLA ALTIS-1.6 (A)	
Exact Purpose for which vehicle was being used at time of accident	VISITING	
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	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	5088610712	
Cover Note Number		
Driver		
Name of Driver	TAY KOK KEONG	
NRIC No	S1657321C	
Date Of Birth	03/08/1964	
Occupation	OUTDOOR	
Date Of Driving Pass	12/11/1984	
Driving Experience	33 YEARS AND 1 MONTH	
Gender	MALE	
Mobile Number	(LOCAL) +65-96424522	
Fax Number		
Contact Number	OTHERS-96424522	
EMail Address	DART1271@GMAIL.COM	
		District of of Div

BLK 230H TAMPINES STREET 21 Address #06-681 Postcode 522230 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 COLLIDED INTO PROPERTY Weather Conditions CLEAR Road Surface DRY Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 1 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance? NO Was any other material or property damaged? I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) 4 **Details of Police Action** NO Was the accident reported to the police? 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)

YES

NO NO

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

Page 2 of 39

### 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 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.
- 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 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:

- 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)
  - (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.
- (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, 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.

**ELITE RESOURCES MANAGEMENT** Co Reg No: 53359044B

Policyholder's Signature Date & Time:

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

Date & Time: | 0 | 1 | 7≥18

Reporting Centre Personnel's Signature

on 5/1/2018, at wound 11: soan, I was in the basenest carpak of
Leedon Residence.
I made a wrong two and went down a flight of stair of
18 leadon Heights.
The Some parts of the marble flowings were damaged as a result.
No one new injured.

DECLARATION

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

ELITE RESOURCES MANAGEMENT Co Reg No: 53359044B

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: 10/1/2018-09:40

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

#### Claim Handling Accident MT/0977254 GST Registration No. 5088610712 Vehicle No. S6T1343R Policy No. Policyholder NRIC ELITE RESOURCES MANAGEMENT Policyholder Name Loading drivo CLASSIC PRIVATE CAR INSURANCE Cover Type Product Code Contact No.(Home) Contact No. (Office) Contact No (Mobile) 96424522 eCode Special Renyark Email Address @ No. Yes eCode Reason @ No Yes TCA KFE O Private Hire NCD Entitlement(%) - Accident Details Collided into Pro Accident Type 10/01/2018 17:50 Accident Report Within 24 hrs Report Date Country of Arzident Singapore Time of Accident bhumm 05/01/2018 Date of Accident ICM NO. Grange Force Reporting Centre 18 LEEDON HEIGHTS LEEDON RESTOENCE Accident Location □ Benefita Windscreen Excess 2,000.00 Additional Excess 0.00 Own damage Excess Outside Singapore OD Excess 2,000.00 Unnamed Driver Excess Outside Singapore TP Excess 1,500.00 1,500.00 Third Party Excess GST Registered Information GST Registration Date 03/08/1964 **GST Registered GST Status Verified** GST Registration No. 533590448 Modification History Policyholder Mailing Address TAMPINES STREET 21 Address 3 BLK 230H #06-681 Address 2 Post Code Address Type Singapore address Address 4 Related Policy Number 5088610712 06-581 Unit No. OI Driver Info Unnamed Driver Driver Type Unnamed Driver Driver Name S1657321C Unnamed driver Name TAY KOK KEONG Driver NRIC Driving Experience Register Date of Driver License 12/11/1900 Driver Age 53 Contact No.(Home) Contact No. (Mobile) Contact No.(Office) BLK 230H #06-681 Address 2 TAMPINES STREET 21 Address 3 Address 1 Foreign address Post Code Address 4 Onit No. Does he awn a Singapore Registered car? Driver Insurer Company 50T1343B Yes @ No Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Any injury? Yes # No () ma Modification History Claim 001 New ELITE RESOURCES MANAGEMEN Insured NRIC OD-MX Insured Name Claim Type \* Contact No.(Office) Contact No.(Mubile) 96424532 Contact No.(Home) PATE. TP Vehicle Number SGT1343R Of Vehicle Number Email Address Name of Preferred Workshop 5GT1343R / - ON 5 Jan 2018 Claim Description Preferred Workshop Contact Fully at Fault Insured Liability \* GIA report Preferend Repair Option Preferred Workshop, Name unknown Require Finalisation Date Received Claim Close Date Date Registered 10/01/2018 17:54 Report Taken By 11:00 Print AK letter Save Submit Attachment MT/0977254 Claim: No: 10/01/2018 18:01 Last Doc. Received THE C NO **Upload Date** Category \* Confidential Urgency Path . Browse... Clear Please Select

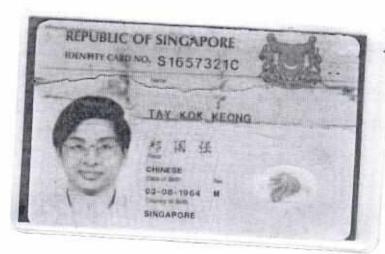
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g) VEHICLE CATEGORY: PRIVATE AGO!	It ust T ml/a
HIPURPOSE OF USING AT ACCIDENT TIM	ME VISTINGE IVES (NO)
DARE YOU CLAIMING UNDER YOUR O	WN INSURANCE (TESHIO)
IF NO, PLEASE STATE (THIRD PARTY CL	AIM KREPOKTING ONCE
2. INSURED / POLICY HOLDER	
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11000 /FILI/DASSDOPT 233771	
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A DRIVER :	(C)
a)NAME:	52/C CONTACT: 96 424522
LINRIC/FIN/PASSPORTI	
(1) CIADDRESS: 250H (MYPONES)	(522230)
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IF YES, PLEASE STATE WHICH TO	TO A STATE OF THE
8. THIRD PARTY VEHICLE	MODEL!
4 Ho of passenger of VEHICLE NUMBER:	
S DRIVER'S NAME:	CONTACT:
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AL VEHICLE NUMBER!	(1)(0.000)
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES) Class 3

Motor cars with unleden weight a< 3000kg with x< 7 12 Nov 1984 vehicles with unleden weight a< 2500kg

NP 428A



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H_800676						Change La	nguage	· Change Passwore	1 · Log Out
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Policy N	ko:		Date of Ac		cident	05/01	5/01/2018 09:31		
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