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1) AP : Assident Reporting (530):	N. G.S. Opp. 18-24 III.
umant's Particulars:- 2) DA : Damege Assessment (\$100); INC	C (\$80)
iver/Owner: 3) TF: Towing Fee 4) FT: Follow-Through Survey	
5) PT : Follow-Through Survey (Resurvey)	\$40/\$45 \$120
6) TR : Re-inspection	\$40/\$45 \$120 \$30
maged Portion: 7) N1 : Idao DA + SMRT Survey	\$40/\$45 \$120 \$30
8) NTUC Additional Services:-	\$120 \$30 \$30
Checked by (Engr-In-Charge): *NS: Courtesy Car / Tpt Allowance	\$40/\$45 \$120 \$30 2005) \$75
	\$40/\$45 \$120 \$30 2005) \$75
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*N6: Repair Co-ordination	\$40/\$45 \$120 \$30 2005) \$75 \$160 \$5 \$10 \$25
*N6: Repair Co-ordination	\$40/\$45 \$120 \$30 2005) \$75 \$160

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 25/01/2018 15:38

SINGAPORE ACCIDENT STATEMENT

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 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 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

ACCIDENT STATEMENT

25/01/2018 14:57 Date Of Report 20/12/2017 21:15 Date Of Accident

MBS MULTISTORY CARPARK Exact Location Of Accident

SINGAPORE Country/State of Loss

DETAILS OF OWN VEHICLE

SDU88P Vehicle Registration Number

Insured/Policyholder

LEE KERK CHONG Name Of Registered Owner

S0011037Z NRIC No NOEMAIL **Email Address**

(LOCAL) +65-96603288 Mobile Phone No OFFICE-96603288 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer

VELLFIRE 2.5Z G-EDITION CVT Model

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

REPORTING ONLY If No. Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

5095587371 Policy Number

Cover Note Number

Driver

LEE KERK CHONG Name of Driver

S0011037Z NRIC No Date Of Birth 10/02/1951 INDOOR Occupation 07/08/1972 Date Of Driving Pass

45 YEARS AND 4 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-96603288 Mobile Number

Fax Number

OFFICE-96603288 Contact Number

NOEMAIL **EMail Address**

Address

20 LORONG J TELOK KURAU

Postcode

425801

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 PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

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

REFER TO STATEMENT.

Attachment(s)

YES

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKG4195C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

0

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.
- 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.
- 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:

Driver's Signature

(If driver is not the policyholder)

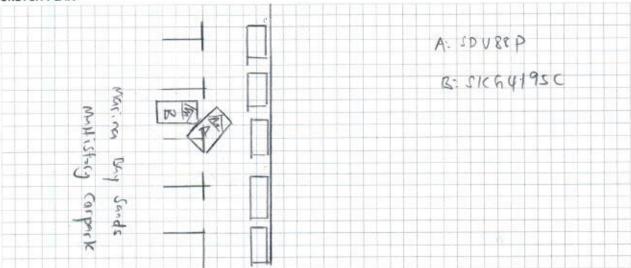
Date & Time: "

Reporting Centre Personne

Name:

NRIC/FIN No.:





DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on stated date and time I was exiting MBS MnIF. Hory
corpork. When I exiting the curpork I try to reverse to coordinate
my angle as many cars was illegally purised along the driveway.
when I try to exif the parking lot, I accidentally historto
vehicle is front right portion. After the incident happen,
I lett a note of the windscreen of his vericle, after 2-
3 days he called up my number and agreed to do a
private fiftlement. He aslad me to pay 54 3000.00 for
reporting ters, so I advise him to claim his IND invegage.
After that I come to DAC to bridge a report.

DECLARATION

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

Policyholder's Signature Date & Time:

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

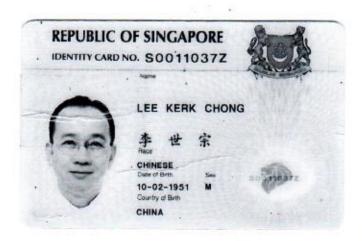
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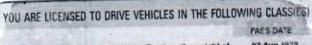
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OCA	ION.		3 A A A A A A A A A A A A A A A A A A A	
1	DETAILS OF VEHICLE		desar	
•••	a) VEHICLE NUMBER: SDU & P	7174.		
	DINSURANCE COMPANY: NTJC			
5 21				
***	CIPOLICY NUMBER: 509 5587371		TV FIDE OTHEET!	25
	d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PAR	IT FIRE WINCH	S
	OLMAKE & MODEL.		V	
	fITYPE: (SALOON / COUPE / MRV /VAN / L	ORRY / MOTORCYC	CLE. / OTHERS)	
	DIVEHICLE CATEGORY: (PRIVATE / COMM	ERCIAL / MOTORCI	(CLE)	30
	h) PURPOSE OF USING AT ACCIDENT TIME:	frivate and		
	I) ARE YOU CLAIMING UNDER YOUR OWN	INSURANCE (YES/N	91	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM	A / REPORTING ONL	n .	8
	INSURED / POLICY HOLDER (AS Sela-	11 1		110 • 120 • 12
2.	INSURED / POLICY HOLDER CAS	IMA	LE / FEMALE)	
	A)NAME:	CONTACT:_	LL / , L	1
20	b)NRIC/FIN/PASSPORT:	COMINGIA		X Ho of
	c)ADDRESS:			possenger
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	* CONTINUE TO 3.d IF DRIVER ALSO POLIC	Y HOLDER	×	(1)
3.	DRIVER	"(6)	LE / FEMALE)	(
	a) NAME: Le lark Charg	CONTACT	4660 3288	
	b)NRIC/FIN/PASSPORT: 5 60H077 7	Kyran (U) S		4
	CIADDRESS: 20 Larung J Telale	4	10	0 12 23
				80
	*d)DATE OF BIRTH: (2 1 1951)	DD/MM/YYYY)		
	e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 7 8	Treas eller	7)	
	f) YEARS OF DRIVING EXPRERIENCE: 7 5	11974 601933	D OVER ! (NO)	2
4.	WAS DRIVER AN EMPLOYEE OF THE IN	SURED'S COMPAN	Y (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER	WITH INSURED:_	5 (1 1 t)	
5.	a) WEATHER CONDITION: (CLEAR / RAININ	G / OTHERS		J.
	b)ROAD SURFACE: (DRY / WET / OTHERS_	· ·.		1
6.	WAS ANYBODY INJURED (YES ANO)		* * *	, ³ %
7	a) REPORTED TO POLICE (YES / NO)			
5165	IF YES, PLEASE STATE WHICH POLICE STAT	TION:		50.
. 8.	THIRD PARTY VEHICLE	10000000	Secretary diversi	^
	a) VEHICLE NUMBER: SICG 4 195 (MODEL:		*No of pass
	b) DRIVER'S NAME:		AND THE PARTY OF T	Cludyding d
	c) NRIC/FIN/PASSPORT:	CONTACT:		(0)
9. 1	THIRD PARTY VEHICLE	A MANAGEMENT CONTROL OF CONTROL O		(-)
30 8	d) VEHICLE NUMBER:	MODEL:	1	
	그는 5		V 62	* Ho of pass
	e) DRIVER'S NAME:	CONTACT:	Walter a use see the	(Induding
•	f) NRIC/FIN/PASSPORT:	CONTACT.		

email =







Motor Cars and Motor Tractors the weight of which unleden does not exceed 2500 kilograms

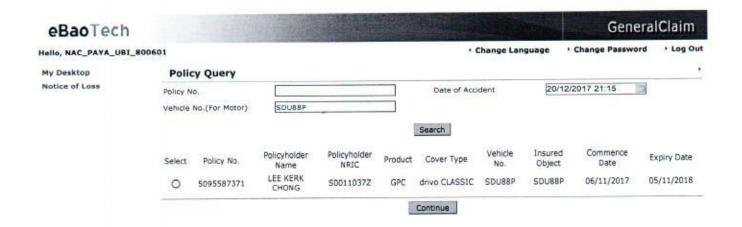
NP 428A

07 Aug 1972

20 LORONG J TELOK KURAU SINGAPORE 425801

05-06-2002

A0141011



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Innamed driver Name		Driver NRIC						
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Register Date of Driver Licensi Contact No. (Mobile) Address 1 Address 4 Lovi No. Does he own a Singapore Registered car? Claim 002 New Claim Type * Contact No. (Mobile) Email Address	○ Yea No	Driver Age Contact No. (Office) Address 2 Address Type Driver Vehicle No. Insured Name Contact No. (Home)	LEE KERK CHONG	Dr Co Ad Pe Dr	ming Experience ontact No.(Home) ddress 3 ost Code over Insurer Comp osures NRIC ontact No.(Office)	Total Salar	67453288	
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Video List							
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43	NAC_PAYA_UBI_800601(NAT	TOWAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:00	SAS		Normal	SAS 2018-1-25	Ed
100 FT	NAC_PAVA_UB1_800601(NAT	IONAL ASSESSMENT CENTRE SERVICES) on 25 Ja n 2018 17:01	NRIC/ Driving Ucense		Normal	NRIC/ Driving License 2018-1-25	Ed
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