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#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

EMail Address

- 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 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 ladgement 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.

aforesaid.	ACCIDENT STATEMENT
Date Of Report	29/01/2018 17:22
Date Of Accident	27/01/2018 09:55
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE
The state of the state of the state of	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKS9689Z
Insured/Policyholder	
Name Of Registered Owner	ONG YEE PING
NRIC No	S1801022D
Email Address	SANNYONG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96864362
Alternative Phone No	OTHERS-96864362
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200
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	THIRD PARTY
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	5071615396-02
Cover Note Number	
Driver	
Name of Driver	ONG YEE PING
NRIC No	S1801022D
Date Of Birth	13/03/1967
Occupation	INDOOR
Date Of Driving Pass	26/01/1991
Driving Experience	27 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96864362
Fax Number	
Contact Number	OTHERS-96864362

SANNYONG@GMAIL.COM

Address

124 SHELFORD ROAD

Postcode

288498

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

OWNER

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?

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?

NO

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: ZOEY LIEW(DAUGHTER)

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

SJS9220D VOLVO

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

CHEN YONG FENG

NRIC/Passport Number

Contact Number

97329081

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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:
  - (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.

Policyholder's Signature

Date & Time

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

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

-shelford. The Volvo. 5J59200 SKETCH PLAN Dunearn Rd DESCRIBE CIRCUMSTANCES OF THE ACCIDENT 9:55 am

Dunearn was thur

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's Signature
Name:
NRIC/FIN No.:

NRIC/FIN No.:

ccident MT/0979969				
olicy No.	5071615396-02	Vehicle No.	5K996892	GST Registration No.
Nicyholder Name	ONG YEE PING			Policyholder NRIC
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Landing
antact No.(Mobile)	96864362	Contact No.(Office)		Contact No. (Home)
mail Address		Special Remark		eCode
FK	A No Yes	TCA	® No Yes	#Code Reason
ICD Protection	Yes	NCD Entitlement(%)	50	Private Hire
Accident Details				
eport Date	29/01/2018:17:4N	Accident Report Within 24 hrs	Yes	Accident Type
ate of Accident	27/01/2018	Time of Accident hhomm	Q9:55	Country of Accident
eporting Centre		Grange Force		ICM No.
cident Location	ALDNG DUNEARN ROAD			
♥ Sensits				
P Excess				
wn damage Excess	600.00	Additional Excess	0.00	Windscreen Excess
normed Driver Essess	0.00	Outside Singapore OD Excess	600.00	
nins Party Excess	0.00	Outside Singapore TP Excess	0.00	
GST Registered Informe	tion			
T Registered	No		GST Registration Date	
ST Registration No.			G5T Status Verified	Yes
odification History				
	2000			
Policyholder Mailing Ad		M66101194		
idress 1	124 SHELFORD ROAD	Address 2	SINGAPORE 288498	Address 3
Sdrete 4		Address Type	Singapore address	Post Code
nit fus		Related Policy Number	5071615396-02	
O OI Driver Info	Acceptantive and	200002000		
river Name Innamed driver Name	ONG YEE PING	Oriver Type	Main Drivet	
egister Date of Driver License	01/01/160	Driver NRIC	518010220	Driver 008
	01/01/1391	Oriver Age	50	Driving Experience
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idress ()	124 SHELFORD ROAD	Address 2	SINGAPORE 288498	Address 3
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egistered car?	Yes @ No	Driver Vehicle No.	SK596892	Driver Insurer Company
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eading?	0 mg	Any injury?	Yes = No	
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laim Type •	00-MX •	Insured Name	Inter-year state	No. All Parkets
entact No.(Mobile)	96864362	Contact No.(Home)	ONG YEE PING 64669329	Insured NRIC
nati Address		OI Vehicle Number	5K59689Z	Contact No.(Office)
aim Description	SKS9689Z / SJS9220D ON 27 Jan 2018	CA PERIOD HOLIDER	Paris 1983.6	TP Vehicle Number
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quire Finalisation	Yes	Preferent Repair Option	Preferred Workshop, Name unknown	GIA Import
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8,	IF YES, PLEASE THIRD PARTY VEH O) VEHICLE NU b) DRIVER'S No c) MRIC/FIN/P	STATE WHICH PO HIGH HIGH HIGH HIGH HIGH HIGH HIGH HIG	S 9 220 D	MODEL!_VO	lvo 1732 908
8. 13 No of passenger (Induding driver) () 9.	IF YES, PLEASE THIRD PARTY VEH O) VEHICLE NU b) DRIVER'S No c) MRIC/PIN/P THIRD PARTY VEH O) VEHICLE NI	STATE WHICH PO HIGUE JIMBER! SJ! AME: Chen ASSPORT! HIGUE	S 9 220 D	MODEL:	lvo 9732908
8. Ho of passenger (Induding driver) () P. Ho of passunger	IF YES, PLEASE THIRD PARTY VEH O) VEHICLE NU b) DRIVER'S N c) MRIC/FIN/P THIRD PARTY VEH d) VEHICLE NU e) DRIVER'S N	STATE WHICH PO HIGUE JIMBER: SJ: AME: Chen ASSPORT: HIGUE JIMBER:	S 9 220 D	WODEL:	lvo 1732 908
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email = sanny ong egmail-com.

# REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1801022D





ONG YEE PING

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SINGAPORE



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124 SHELFORD ROAD SINGAPORE 288498 NRIC No. S18010220

NRIC No: \$18010220 Date: 18-01-2006 No: 5294879

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