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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
- 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.

- 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 appropriate.

This report will be forwarded by its report will, for a fee, be made availal chiving and that copies of this report to the insurers, you hereby consent oresaid.	CCIDENT STATEMENT
	05/03/2018 11:58
Date Of Report	03/03/2018 11:10
Date Of Accident	PARKWAY PARADE SHOPPING MALL EXIT GANTRY
exact Location of Accident	
Country/State of LOSS	SINGAPORE
	TAILS OF OWN VEHICLE
Vehicle Registration Number	GBA2958U
Insured/Policyholder	
Name Of Registered Owner	ROUTEWERKS
Co Reg No	53258032W
Email Address	NOEMAIL
Mobile Phone No	CONTRACTOR CONTRACTOR CONTRACTOR AND CONTRACTOR AND CONTRACTOR CON
Alternative Phone No	OFFICE-94577491
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091715039
Cover Note Number	
Driver	
Name of Driver	WONG KEE LONG
NRIC No	S9009011I
Date Of Birth	23/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	22/12/2009
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97979028
Fax Number	
Contact Number	
EMail Address	NOEMAIL Book 1.0

Address

BLK 2C UPP BOON KENG RD #16-678

383002

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

If Yes, against whom?

NO

1

NO

Was notice of intended Prosecution given?

NO

Circumstances of Accident

I WAS QUEUING BEHIND A LORRY (BEARING NO GBD8776Y) TO THE GANTRY EXIT AT THE PARKWAY PARADE SHOPPING MALL, SUDDENLY THE LORRY ENGAGED REVERSED GEAR, I SOUNDED MY HORN BUT THE DRIVER NEVER NOTICED, THEN REVERSING INTO MY VEH, AS THE RESULT, THE LORRY REAR PORTION HIT ONTO MY VEH FRONT PORTION

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBD8776Y

Vehicle Make/Model/Colour **Details Of Properties**

COMMERCIAL VEHICLE

Vehicle Category MICHEL LASAR EDWARD Name of Driver

G7030602L NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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
- 5. 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.
- 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) of:
 - (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
- 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.

DOUTEWERKS your easy way out. REG | 53258032W

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.:

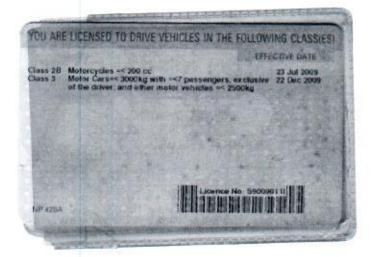
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ESCRIBE CIRCUMSTANCES OF 1	THE ACCIDENT	
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	1	
DECLARATION I/We declare the foregoing particul ROUTEWERKS	1/	hund
Vous easy way out. Policyholder's Signature 2 2 2 VI Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

CARLES CONTRACTOR VI

wonshee b 590090 UI My Michel Lasar Edward, 938 4808776Y reverse his Lorry and bang into way van 9BAZ958U Wong kee long, 59009011. In the Carpark. wong kee Lang michel Lasar Squaquit tver 97030602L









eBaoTech

Hello, NAC_PAYA_UBI_800601

My Desktop Notice of Loss

Polic	y Query	24			Date of Acc	ident	03/03/20	18 11:56	
olicy No	0.			=					
ehicle !	No.(For Motor)	GBA2958U							
					Search				
27 17	Police No.	Policyholder	Policyholder	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
Select	Policy No.	Name	NRIC	0.001	Comprehensive		GBA2958U	09/06/2017	08/06/201
	5091715039	ROUTEWERKS	53258032W	GCV	Comprehensive		1 describe a contract of	STATE OF THE PARTY	

· Change Language

GeneralClaim

· Change Password

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		Vehicle No.	GBA2958U		GST Regist Policyholde		53258032W	
LY NO.	091715039					33837	0	
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Accident Details					Accident 1	Type	Damaged wh	ilst parked
	05/03/2018 16:37	Accident Report Within 24 hrs	Yes		Country 6	of Accident	Singapore	
DOLL PROVE		Time of Accident hh: mm	11:10		ICM No.			
te of Accident	03/03/2018	Orange Force			ICM NO.			
porting Centre	TALL TALL							
cident Location	PARKWAY PARADE SHOPPING MALL EXIT GAN	(K)						
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Excess		and the same			Windscre	en Excess		
wn damage Excess	600.00	Additional Excess						
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and the second of the second o	dress			90 WOMEN II	Address	. 3	SINGAPOR	E 415934
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Jnit No.								
OI Driver Info		Driver Type	Unnamed Driver				23/03/19	90
Driver Name	Unnamed Driver	Driver NRIC	590090111		Driver			10
Unnamed driver Name	WONG KEE LONG		27		Driving	Experience	8	
Register Date of Driver License	22/12/2009	Driver Age			Contac	t No.(Home)		
Contact No.(Mobile)	97979028	Contact No.(Office)	UPPER BOON KE	NG ROAD	Addres	ss 3	KALLANG	HEIGHTS
Address 1	BLK 2C #16-678	Address 2			Post C	ode	383002	
	SINGAPORE 383002	Address Type	Singapore addre	s s				
Address 4	16-67B					Insurer Compan	v	
Unit No.	10-010	Driver Vehicle No.			Drive	Thauter company		
Does he own a Singapore Registered car?	Yes = No							
Does he own a Singapore Registered car?	Yes = No							
Declaration	Yes a No	71 TE	yes a No					
Declaration Breathalyser or Blood Test	Yes a No	Any injury?	⊖ Yes ⊛ No					
Declaration	C-0.08	71 TE	€ Yes ∗ No					
Declaration Breathalyser or Blood Test	C-0.08	71 TE	⊘ Yes ∗ No					
Declaration Breathalyser or Blood Test	C-0.08	71 TE	Yes • No					
Declaration Breathalyser or Blood Test Reading? Modification History	C-0.08	71 TE	∑ Yes ∗ No					
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Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description	0 mg OD-MX GBA2958U / GBD8776Y ON 3 Mar 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number	ROUTEWERKS NIL		Conf	act No.(Office)	GBD87 orkshop 0	76Y
Declaration Breathalyser or Blood Test Residing? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact	0 mg OD-MX GBA2958U / GBD8776Y ON 3 Mar 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	ROUTEWERKS NIL GBA2958U Not at Fault		TP V	act No.(Office)	GBD87 orkshop 0	76Y
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No.	0 mg OD-MX GBA2958U / GBD8776Y ON 3 Mar 2018	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ROUTEWERKS NIL GBA2958U Not at Fault	v rkshop, Name unknown	Confl TP V Nam	act No.(Office) ehicle Number ne of Preferred Wo	GBD87 orkshop 0	76Y
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation	O mg OD-MX GBA2958U / GBD\$776Y ON 3 Mar 2018	Any injury? Insured Name Contact No.(Home) Of Vehicle Number Insured Liability *	ROUTEWERKS NIL GBA2958U Not at Fault		Confl TP V Nam	act No.(Office) whicle Number ne of Preferred Wo	GBD87 orkshop 0	76Y
Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered	OD-MX	Any injury? Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option	ROUTEWERKS NIL GBA2958U Not at Fault		Confl TP V Nam	act No.(Office) whicle Number ne of Preferred Wo	GBD87 orkshop 0	76Y
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Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Csaim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment Accident No.	0 mg OD-MX GBA2958U / GBD8776Y ON 3 Mar 2018 O Yes Ves T O5/03/2018 16:42 LIEW SHAN HUI	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	ROUTEWERKS NIL GBA2958U Not at Fault Preferred Wo	001 05/03/2018 16:47	Confl TP V Nam	act No.(Office) Whicle Number ne of Preferred Wo report e Received	GBD87 GBD87 GBD87 GBD87 GBD87	76Y
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Declaration Breathalyser or Blood Test Reading? Modification History Claim 001 New Claim Type * Contact No.(Mobile) Email Address Claim Description Preferred Workshop Contact No. Require Finalisation Date Registered Report Taken By Print AK letter Attachment	OD-MX GBA2958U / GBD8776Y ON 3 Mar 2018 O Yes O5/03/2018 16:42 LIEW SHAN HUI MT/0984745 * Yes No Path *	Insured Name Contact No.(Home) OI Vehicle Number Insured Liability * Preferered Repair Option Claim Close Date	ROUTEWERKS NIL GBA2958U Not at Fault Preferred Wo Save Subn	001 05/03/2018 16:47 Category *	Cont TP V Nam V GIA	confidential NO T T T T T T T T T T T T T	GBD87 GBD87 O Secolo O5/03/ Urgency * Normal *	76Y

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→ Attachment List

ttachment List			9	Urgency	Description
achment	Uplcaded By/Date	Category	4		NRIC/ Driving License 2018-3-5
(編 京) N	C_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:47	NRIC/ Driving License		Normal	NRIC Driving Decise 2010
	AC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:47	SAS		Normal	SAS 2018-3-5
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	AC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:47	Photos		Normal	Photos 2018-3-5
	IAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:46	Photos		Normal	Photos 2018-3-5
	AND LIST BODGOT NATIONAL ASSESSMENT CENTRE SERVICES) on 05	Photos		Normal	Photos 2018-3-5
	Mar 2018 16:46 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:46	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:46	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800G01(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:46	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:46	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_B00601{ NATIONAL ASSESSMENT CENTRE SERVICES} on 05 Mar 2018 16:45	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:45	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_BOD601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:45	Photos		Normal	Photos 2018-3-5
1966	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:45	Photos		Normai	Photos 2018-3-5
7	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:45	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) on 0S Mar 2018 16:45	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar_2018 16:42	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar_2018_16:42	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2016 16:42	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:42	Photos		Normal	Photos 2018-3-5
Alexander of the second	NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05	Photos		Normal	Photos 2018-3-5
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 05 Mar 2018 16:42	Photos		Normal	Photos 2018+3-5
→ Video List	IDE-Works Ago	File Name		P	Source