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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number

Contact Number

EMail Address

- Please report <u>correctly</u> 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.
- 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

storesaid.	
A THE LOW BY THE STREET OF THE STREET	ACCIDENT STATEMENT
Date Of Report	07/03/2018 18:13
Date Of Accident	06/03/2018 17:25
Exact Location Of Accident	SLIP RD FROM TAMPINES AVE 10 INTO TAMPINES AVE 1
Country/State of Loss	SINGAPORE
De la Company de	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH588K
Insured/Policyholder	
Name Of Registered Owner	KEN CAIXIAN LESLEY
NRIC No	S1586079J
Email Address	LESKEN8@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81128382
Alternative Phone No	OTHERS-83659280
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO
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	5091162010
Cover Note Number	
Driver	
Name of Driver	CHOONG RUNRONG KEVIN
NRIC No.	S9825001H
Date Of Birth	30/07/1998
Occupation	INDOOR
Date Of Driving Pass	25/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81128382

OTHERS-83659280

LESKEN8@GMAIL.COM

Address

29 JALAN SAYANG

Postcode

418647

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

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

NO

ambulance?

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:

: FRIEND

GENDER:

: MALE

Passenger 2

NAME:

: FRIEND

GENDER:

: MALE

Passenger 3

NAME:

: FRIEND

GENDER:

: MALE

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

SLR472J

Vehicle Make/Model/Colour

HYUNDAI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HIMANSHU VERMA

NRIC/Passport Number

S7065600J

Contact Number

92487850

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

2

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.
- 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.
- 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.
- 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:
 - (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.
- 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.:

AVKNUK

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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:

Beporting Centre Personnel's Signature, Physics Name:
NRIC/FIN No.:

im Handling					
ident MT/0965167				GST Registration No.	
cy No. 5	091162010	Vehicle No.	S3H588K	Poscyholder NRIC	
cyholder Name K	EN CADRIAN LESLEY				
duct Code P	RIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
stact No. (Mobile) 8	11 128382	Contact teo.(Office)		Contact No. (Home)	
eil Address		Special Remark		eCode	
	© No Yes	TCA	@ No Yes	eCode Reason	133411
	No.	NCD Entitlement(%)	0	Private Hire	No
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te of Accident	06/03/2016	Grange Force	149 CE	3CM No.	
porting Centre		N. W. C.			
odent Location	SLIP RD FROM TAMPINES AVE 10 INTO TAP	ANNUES WAT 7			
2 Benefits					
P Excess			0.08	Windscreen Excess	
en damage Excess	600.00	Additional Excess	600.00		
nnemed Driver Excess	0.00	Outside Singapore OD Excess			
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
GST Registered Informat	tion				
ST Registered	No		GST Registration Date	Yes	
ST Registration No.			GST Status Verified	97.09	
odification History					
Policyholder Mailing Add	Jress		***************************************	Address 3	
Address 1	29 JALAN SAYANG	Address 2	SINGAPORE 418647	Post Code	
Address 4		Address Type	Singapore address		
init No.		Related Folicy Number	5091163010		
O OI Driver Info					
Driver Name	CHOONG RUNRONG KAVIN	Driver Type	Named Driver	Driver DOB	
Unnamed driver Name		Driver NREC	59825001H	Driving Experience	
Register Date of Driver License	25/03/2017	Driver Age	19		
Contact No: (Mobile)	83659280	Contact No.(Office)		Contact No.(Hums)	
Address 1		Address 2		Address 3	
Address 4		Address Type	Foreign address	Post Code	
Linit No.					
Does he own a Singapore Registered car?	Yes @ No	Driver Vehicle No.	SERSON	Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes © No		
Reading?					
Claim 901 New					
	profitie 2	Insured Name	KEN CAIXIAN LESLEY	Insured NRIC	
Claim Type *	OD-MX.	Contact No.(Home)	64437110	Contact No.(Office)	
Contact No.(Mobile)	81126367		SJH568K	TP Vehicle Number	
Email Address	AND THE RESERVE OF THE PERSON	Of Vehicle Number	(man the popular	Name of Preferred Worksho	ng.
Claim Description	SJH588K / SLR472J ON 6 Mar 2018	V Promovinus assess	Not at Easily		
		Insured Liability *	and account	The Later Manager	
Preferred Workshop Crintact No.		Preferenced Repair Option	Preferred Workshop, Name unknown	→ GIA report Date Received	
	Yes			VALUE REPORTS AND	
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No. Require Finalisation Oate Registered Report Taken by IF Print AK letter	07/03/2018 18:29	Claim Close Date	Save Submit		
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ACCIDENT'STATEMENT

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(Ind)	uding driver), o	DRIVER'S NAM	SPORTI STOR	26007	CONTAC		Marallitica.
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email = lesken 8 @ 2 mail com

fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S9825001H





CHOONG RUNRONG KEVIN



CHINESE

30-07-1998 SINGAPORE

5167989



Date of tease 02-05-2013

29 JALAN SAYANG SINGAPORE 418647

REPUBLIC OF SINGAPORE DRIVING LICENCE S9825001H CHOONG RUNRONG KEVIN Hem three 30 Jul 1998 name Date: 25 Mar 2017

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

Class 3A Motor cars without clutch pedals (Auto) with unladen weight << 3000kg with << 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight << 2500kg

NP 428A



eBao Tech									Gener	alClaim
Hello, NAC_BUKIT_MERAH	800676					7.4	Change La	nguage	+ Change Password	+ Log Out
My Desktop	Polic	y Query								
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	Vehicle	No.(For Motor)	53H588K							
						Search				
	Select.	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vahicle No.	Insured Object	Commence Date	Expiry Date
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