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Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fac	x:	
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Owner / Driver: (Tel:	11)	
Policy No: ()	Period: () Cover Typ	oc: ().	
Confirmed by : (lime:)	
Insured/Driver Liability: (%)	[Note-Est. Status (WO)	: N: 0-20%; P: 21-	79%. P: 80-10	0%]	
Year of Registration: ()	Warranty: YES ()	/NO()			
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General Remarks:-				A	
Remarks: (INC hotline: 6788 6616) 1) Apply for Transport Allowance ()		Date&Tirr	e Completed	Done	by
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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

 By the lodgement of this report to the insurers, you hereby consistences. 	ent to the archiving of this report at the control of the temperature					
The state of the s	ACCIDENT STATEMENT					
Date Of Report	16/03/2018 16:52					
Date Of Accident	14/03/2018 17:00					
Exact Location Of Accident	EUNOS AVE 5 BEFORE JUNC PAYA LEBAR RD					
Country/State of Loss	SINGAPORE					
D. Company of the Company	ETAILS OF OWN VEHICLE					
Vehicle Registration Number	SKS5885A					
Insured/Policyholder						
Name Of Registered Owner	LOO WEE NGEH					
NRIC No	S7524071F					
Email Address	NOEMAIL					
Mobile Phone No	(LOCAL) +65-97460086					
Alternative Phone No.	OFFICE-97460086					
Vehicle Particulars						
Manufacturer	TOYOTA					
Model	HARRIER 2.4 A					
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

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

Policy Number 5087588560-01

Cover Note Number

Driver

LOO WEE NGEH (LU WEIYE) Name of Driver

S7524071F NRIC No 15/08/1975 Date Of Birth INDOOR Occupation 01/01/1990 Date Of Driving Pass

28 YEARS AND 2 MONTHS Driving Experience

(LOCAL) +65-97460086 Mobile Number

Fax Number

OFFICE-97460086 Contact Number

NOEMAIL EMail Address

BLK 297B COMPASSVALE STREET Address

#08-04

542297 Postcode

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

Vehicle

OWNER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

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) 1

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT.

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

SJE4728M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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)

Lunderstand, 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.

Policy policer's Signature

Time

Date

Oriver's Signature (If tiriver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG EUNOS AVE 5. AT MY BACK SEAT OF MY VEHICLE HAS A COCKROACH SO I ACCIDENTALLY UNKNOWING RELEASING MY BRAKE. IN A RESULT, MY VEHICLE HIT ONTO VEHICLE B REAR PORTION.

ACCIDENT STATEMENT

	ENT DATE: 4./3/8)(DD/MM/YYYY), TIME: (7:00)(HH:MM)	* *
CAT	ION: Euros Ave 5 settre junc Paya Lesgr Rd	
1	DETAILS OF VEHICLE	
X	a)VEHICLE NUMBER: SK S S88 5A 31/L	
-	MINSUPANCE COMPANY: N 100	
	10010VAULUDED: 50875X8560-01	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)	
	CIMARE & MODEL:	
	FITYPE-(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE. / OTHERS)	
	ALVERICLE CATEGORY-(PRIVATE / COMMERCIAL / MOTORCICLE)	(4)
	h)PURPOSE OF USING AT ACCIDENT TIME: Private use	
	I) A PE YOU CLAIMING UNDER YOUR OWN INSURANCE (YESKNO)	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)	
2	INSURED / POLICY HOLDER	
	ANAME (MALE FEMALE)	
(6)	b) NRIC/FIN/PASSPORT: 5 53407 P CONTACT	A Ho of
	CIADDRESS: Blk 297B Compassivale street \$ 08-04 (543297)	lascenger.
- 1		. (Including d
	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER	(1)
3.	DRIVER	
	a)NAME:(MALE / FEMALE)	50
	b]NRIC/FIN/PASSPORT:CONTACT:	2
	c)ADDRESS:	
	*d)DATE OF BIRTH: (150/ 8 / 1975)(DD/MM/YYYY)	
	eloccupation: (INDOOR / OUTDOOR)	n a
	TIVEARS OF DRIVING EXPRERIENCE: 1990	
4.	WAS DRIVED AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)	
	IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:	Ĩ.
5.	a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS	1
	b)ROAD SURFACE: (DRY / WET / OTHERS	.
	WAS ANYBODY INJURED (YES / NO)	9 h
7.	IF YES, PLEASE STATE WHICH POLICE STATION:	
0	NUMBER OF A POST AND A STATE OF THE STATE OF	Λ .
0.	a) VEHICLE NUMBER: JE 4718 M MODEL:	*No of passo
	b) DRIVER'S NAME:	Clududing do
*	c) NRIC/FIN/PASSPORT:CONTACT:	(2) private
7.	HIRD PARTY VEHICLE	(-)
	d) VEHICLE NUMBER:MODEL:	* Ho of passi
3.633	e) DRIVER'S NAME:	
	f) NRIC/FIN/PASSPORT:CONTACT::	(Induding d
	vide a : Yes	(-)

email = danielloois@hotmail.com







SINGAPORE POLICE FORCE

TRAFFIC POLICE SINGAPORE POLICE FORCE 10, UBI AVENUE 3 SINGAPORE 408865

www.police.gov.sg Tel: 65470000

Private & Confidential

LOO WEE NGEH

APT BLK 297B COMPASSVALE STREET #08-04 SINGAPORE 542297

S7524071F (3)

C001347656

16/03/2018

(Please do not detach)

at Traffic Police at the time of application You can drive while awaiting the deliof your photocard driving licence

licence by registered post within 10 to You will receive your photocard on working days from the date of applica unless you made a special request to co

Please turn overleaf for important notes.

YOU CAN DRIVE WHILE AWAITING THE **DELIVERY OF YOUR PHOTOCARD**

DPRANCI ICENICE



eBao Tech									Gene	eralClaim
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My Desktop Notice of Loss	Policy N	Policy Query Policy No. Vehicle No.(For Motor) SKS58			Date of Accident 14		14/03	/2018 17:00		
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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7 Accident Details									
port Date	16/03/2018 10:32		Accident Report Within 24 hrs	Yes		coldent Type		Others	
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nnamed Driver Excess		0.00	Outside Singapore OD Excess		0.00				
nird Party Excess		0.00	Outside Singapore TP Excess		0.00				
GST Registered Informa	tion								
ST Registered	No				Registration Date	200			
ST Registration No.				GSTS	Status Venified	Yes			
lodification History									
Policyholder Halling Adı	dress								
ddress 1	BLK 2978 #06-04		Address 2	COMPASSVA	LE STREET	Address 3		SINGAPOR	IE 542297
uddress 4			Address Type	Singapore ad	ódress	Post Code		542297	
			Related Policy Number	5087588560	1-01				
Init No.									
Of Driver Info			Driver Type						
innames driver Name			Driver NRIC			Driver DOB			
legister Date of Driver License			Driver Age			Driving Experience			
Contact No.(Mobile)			Contact No.(Office)			Contact No.(Home)			
			Address 2			Address 3			
Address 1			Address 2	Foreign addr		Address 3 Post Code			
Address 1 Address 4				Foreign addr					
Address 1	□ Yes ® No		Address 2	Foreign addr	100		any		
Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Modification History	□ Ves @ No		Address 2 Address Type	Foreign addr	100	Post Code	any		
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NAC_PAYA_UBS_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 16 Ma

		7 2016 17:09	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-3-16	Edit
	NAC_PAYA_UBI_800601(NATION	IAL ASSESSMENT CENTRE SERVICES) on 16 Ma 7 2018 17:09	NRSC/ Driving License	Normal	NRIC/ Driving License 2018-3-16	Edit
4993	NAC_PAYA_UB1_800601(NATION	AL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 17:08	SAS	Normal	SAS 2018-3-16	Edit
	NAC_PAYA_UBI_800601(NATION	WAL ASSESSMENT CENTRE SERVICES) on 16 Ma + 2018 17:08	Photos	Normal	Photos 2018-3-16	Edit
2	NAJC_PAYA_UB1_800601(NATION	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma / 2018 17:08	Photos	Normal	Photos 2018-3-16	Edit
	NAC_PAYA_UBI_800503(NATION	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 17:08	Photos	Normal	Photos 2019-3-16	Edit
3	NAC_PAYA_UBI_B00601[NATION	NAL ASSESSMENT CENTRE SERVICES) on 16 Ma r 2018 17:08	Photos	Normal	Photos 2018-3-16	Edit
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	NAC_PAYA_UBT_800601(NATIO	ONAL ASSESSMENT CENTRE SERVICES) on 10 Ma v 2018 17:08	Photos	Normal	Photos 2018-3-16	Edit
Video List		Folder Date	File Name	9	Source	Action