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### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Mobile Number Fax Number

Contact Number

EMail Address

- 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.

- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	20/03/2018 17:48
Date Of Accident	18/03/2018 13:45
Exact Location Of Accident	CARPARK OF BLK 84 BEDOK NORTH ST 4
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJX9644M
Insured/Policyholder	
Name Of Registered Owner	KOO GEOK KAN
NRIC No	S2576134J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90289685
Alternative Phone No	OTHERS-90289685
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.4 AUTO ABS AIRBAG
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	REPORTING ONLY
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	5082270563-01
Cover Note Number	
Driver	
Name of Driver	NG KIM TECK
NRIC No	S1315035D
Date Of Birth	03/01/1958
Occupation	INDOOR
Date Of Driving Pass	24/04/1979
Driving Experience	38 YEARS AND 10 MONTHS
Gender	MALE

(LOCAL) +65-90289685

OTHERS-90289685

NOEMAIL

Address BLK 765 BEDOK RESERVOIR VIEW

#12-259 470765

Postcode 4707

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

1

Insurance Company of Driver's Own Vehicle

š

General Information of the Accident

Type Of Accident COLLIDED INTO PEDESTRIAN

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

NO

NO

1

Was any other material or property damaged? 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?

YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180318/2052

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

### 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 Personnel's Signature

Name:

NRIC/FIN No .:

	carpark	of BLK 81	+	A -	SJX9644
	111			B-	SJX9644 Pedestri
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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.:





1 of 3

Report No. T/20180318/2052

## Police Station Of Origin: Bedok North N.P.C

30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

# REPORT OF A TRAFFIC ACCIDENT

Date/Ti 18/03/2	Date/Time Report Made: 18/03/2018 15:15		18 15:15 G/20180318/0130			
Informa	ant's Partic	culars	1 -1:00010/0139	Station Diary No. 48		
Name o	f Informant TECK		Address: APT BLK 765 BEDOK RESE	ERVOIR VIEW #12-259		
ID Type / ID No.: NRIC NO / S1315035D		35D	Contact No.:			
National SINGAP	Nationality: SINGAPORE CITIZEN		Email:	Mobile: 90289685		
Sex: Male	Age: 60	Date of Birth: 03/01/1958	Type of Informant:			
Race: Chinese			Language:	Institution / School Name:		
Occupati COFFEE	on: SHOP HEL	.PER	Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Pedestrian / Cyclis	Drink	Date/Time of Accident:	Type of Location
	TH STREET 4	_ No	18/03/2018 13:45	Car Park
Saipain OI DIK	84 Bedok North St 4			
vveatner: Clear	84 Bedok North St 4	Road Surface:		Road Speed Limit:
vveatner: Clear	84 Bedok North St 4	Road Surface: Dry Traffic Control:		Road Speed Limit:
veather: Clear Traffic Flow: Type of Collision		Dry	7	Road Speed Limit;  Traffic Volume:  Anyone conveyed by

Vehicle No.	Type	Make			A STATE OF THE PARTY OF THE PAR	
SJX9644M	Car	mane	Model	Color	Condition	No of Passenge
						0

Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180318/2052

Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676

Tel No: 1800-2449999

# CONTINUATION OF REPORT

		ID No.	S1315035D
Oriver Name	NG KIM TECK	The state of the s	90289685
Related Vehicle	SJX9644M (Car)	Class of	Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL	Driving Licence & Expiry Date	
Date Treatment	NIL	Date Discharge NIL Degree of Injury NIL	

On the 18/03/2018 at about 1345 hrs, I was reversing my vehicle (SJX9644M) as another vehicle was coming out of a parking lot at Blk 84 Bedok North St 4. I checked my rear view mirror and my blindspot before reversing and I reversed when there were no cars. I turned back after that and when I saw that there was still not enough space for the vehicle to come out from the parking lot, I let got of my brake a little and I heard some noise coming from the rear of my vehicle. I braked immediately and came out of the car. I realized that I had knocked onto an elderly woman and I asked if she was alright. She said her leg was in pain and I helped her to the shade as she said that it was hot. One of the passerby then called for the police and ambulance and awhile later, the police and ambulance came to the scene. The ambulance then conveyed the elderly woman away after checking on her. The police then advised me to

I wish to state that the elderly woman came out from between a van and a lorry and I could not see her lodge a police report. from my rear view mirror.





Police Station Of Origin: Bedok North N.P.C 30 Bedok North Road SINGAPORE 469676 Tel No: 1800-2449999

3 of 3 Report No. T/20180318/2052

CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan

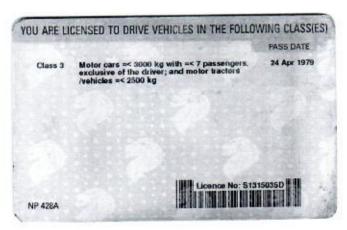
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:	Signature Of Informant:
Sgt 2 ONG YU XIANG	Sms
Signature Of Interpreter:	Date/Time:
Not applicable .	18/03/2018 15:15
Officer In Charge Of Case:	0) 16 11
TP / AEIT /	Classification Of Case:
Sgt 2 YEO KIA HUATIGAPORE	
Contact No.: 65476325	1 11
uthentication Stamp	
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	Policy N	lo.				Date of Acc	ident	18/03	/2018 13:45	
	Vehicle	No.(For Motor)	SJX9644M							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5082270563- 01	KOO GEOK KAN	S2576134J	GPC	drivo CLASSIC	53X9644M	SJX9644M	21/07/2017	24/05/2018

### Policy Information

Policy No.	5082270563-01	Policyholder Name	KOO GEOK KAN	Policyholder NRIC	S2576134J
Address	BLK 765 #12-259 BEDOK RESE	RVOIR VIEW S	INGAPORE 470765		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	22/05/2017	Effective Date	21/07/2017 00:00	Expiry Date	24/05/2018 23:59
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0		
Agent	SIX PHASE E & T	Agent Tel.	65523600	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	holder Mailing Address				
Address 1	BLK 765 #12-259	Address 2	BEDOK RESERVOIR VIEW	Address 3	SINGAPORE 470765
Address 4		Address Type	Singapore address	Post Code	470765
Unit No.		Related Policy Number	5082270563-01		
<b>▶</b> Insur	ed Object: SJX9644M				
<b>▽</b> Endor	sements				
Sequer	nce Date of Endorsement	Endors	ement Type Endorse	ement Status	Endorsement Content

### **Claim Handling**

		Mahiela Me	CIVICAAM		
folicy No.	5082270563-01	Vehicle No.	SJX9644M	GST Registration No. Policyholder NRIC	SZ
folicyholder Name	KOO GEOK KAN	C T	ALL CHARGES	- X	0
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading Contact No (Home)	
Contact No.(Mobile)	90289685	Contact No.(Office)	0	Contact No.(Home)	0
mail Address		Special Remark	FUNDA TIMAS	eCode	N
CFK	No Yes	TCA	No Yes	eCode Reason	210
ICD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
leport Date	21/03/2018 09:41	Accident Report Within 24 hrs	Yes	Accident Type	C
Date of Accident	18/03/2018	Time of Accident hh:mm	13:45	Country of Accident	5
teporting Centre		Orange Force		ICM No.	
Accident Location	CARPARK OF BLK 84 BEDOK NORTH ST 4				
♥ Benefits					
♥ Excess					
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Innamed Driver Excess	500.00	Outside Singapore OD Excess	600,00		
hird Party Excess	0.00	Outside Singapore TP Excess	0.00		
<b>▽ GST Registered Informa</b>					
ST Registered	No		GST Registration Date		
ST Registration No.			GST Status Verified	Yes	
Todification History					
Today Coccons					
Policyholder Mailing Ad	dress				
Address 1	BLK 765 #12-259	Address 2	BEDOK RESERVOIR VIEW	Address 3	9
Address 4		Address Type	Singapore address	Post Code	4
Unit No.		Related Policy Number	5082270563-01		
→ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	NG KIM TECK	Driver NRIC	S1315035D	Driver DOB	0
Register Date of Driver License		Driver Age	60	Driving Experience	3
Contact No.(Mobile)	90289685	Contact No.(Office)	0	Contact No.(Home)	0
		Address 2	BEDOK RESERVOIR VIEW	Address 3	
Address 1	BLK 765			Post Code	2
Address 4		Address Type	Foreign address	Post Code	
Jnit No.	#12-259				
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
Breathalyser or Blood Test		Any injury?	⊕ Yes ⊚ No		
Reading?	0 mg	Any injury:	S 163 & 160		
fodification History					
	h				
Claim 001 OD-MX Nev	× III				
					_
Claim Type *	OD-MX T	Insured Name	KOO GEOK KAN	Insured NRIC	
Contact No.(Mobile)	91394089	Contact No.(Home)	NIL	Contact No.(Office)	
Email Address		OI Vehicle Number	SJX9644M	TP Vehicle Number	F
Claim Description	SJX9644M / PEDESTRIAN ON 18 Mar 2018			Name of Preferred Workshop	
Preferred Workshop Contact	(A)	Insured Liability *	Partially at Fault	70	
No.	-			GIA report	I
Require Finalisation	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	Date Received	100
Date Registered	21/03/2018 09:51	Claim Close Date			8
Report Taken By	KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
Print AK letter					
			Save Submit		

Accident No.

MT/0986962

Claim No.

001

Last Doc. Received

Yes No

Upload Date

21/03/2018 09:50

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Attachment		Uploaded By/Date	Category	9	Urgency	Descrip

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