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SINGAPORE ACCIDENT STATEMENT

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 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.

	ACCIDENT STATEMENT
Date Of Report	22/03/2018 17:21
	21/03/2018 13:40
	ALONG SIGLAP LINK
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLN5384T
Insured/Policyholder	
Name Of Registered Owner	QUANTUM CYCLES PTE LTD
Co Reg No	201625849H
Email Address	PTAN1088@GMAIL.COM
Mabile Phone No	(LOCAL) +65-90279248
Alternative Phone No	OFFICE-90279248
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESQUIRE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5090889021
Cover Note Number	
Driver	
Name of Driver	TAN HUAT CHYE
NRIC No	S1581153F
Date Of Birth	01/05/1963
Occupation	INDOOR
Date Of Driving Pass	30/08/1985
Driving Experience	32 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90279248
Fax Number	
Contact Number	OTHERS-90279248
EMail Address	PTAN1088@GMAIL.COM
	Page 1

Address

5 SIGLAP ROAD

#06-40

Postcode

448908

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

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

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

Was any other material or property damaged?

YES

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

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

Vehicle Make/Model/Colour

GBC6609R

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

MICHAEL SOBRIELO @ MUHAMMAD

NRIC/Passport Number

S7319229C

Contact Number

90279248

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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)
 - (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
- (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.

UEN: 201625849H

Policyholder's Signature Date & Time:

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

Date & Time:

Reporting Centre Personnel's Signature

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DECLARATION

are the foregoing partite AFP are tope in every respect,

L'EN-201623849H

Palicyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 40421 CANDS

Claim Handling

Accident MT/0987263 Policy No. 5090889021 Vehicle No. SLN5384T GST Registration No. Policytidider Name QUANTUM CYCLES FTE LTD Policyholder NRIC Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading Contact No. (Mobile) 98279248 Contact No.(Office) Contact No.(Home) Email Address Special Remark KFK. No Yes W No Yes eCade Reason **NCD Protection** NCD Entitlement(%) Private Hore Accident Details 22/03/2018 18:09 Report Date Accident Report Within 24 hrs. Accident Type Damaged whilst Date of Accident 21/03/2016 Time of Accident his imm. 13:45 Country of Accident Singapore Reporting Centre Grange Force 3CM No. Accident Location ALONG SIGLAP LINK ⇒ Benefits * Excess Claim damage Excess 2,000.00 Additional Excess Windscreen Excess Unnamed Driver Excess Outside Singapore CCI Excess 2,000.00 Third Party Excess 1,500.00 1,500.00 Outside Singapore TP Excess S GST Registered Information **GST Registered** GST Registration Date GST Registration No. GST Status Verified Modification History Policyholder Mailing Address Address 1 1 SROCKE SCAD #01-34 KATONG PLAZA Address 7 Address 4 Address Type Singapore address Post Code Onit No. 01-34 Related Policy Number 5090889021 OI Driver Info Driver Name **Conamed Driver** Driver Type Unnamed Driver Unnamed driver Name TAN HUAT CHYE Driver NRIC 51581153F Driver DOB Register Date of Driver License 35/08/1985 Driver Age Driving Experience Contact No (Mobile) 90279248 Contact Nu. (Office) Contact No.(Home) Address 1 5 SIGLAF ROAD Address 2 #95-40 MANDARIN GARDENS Address 3 Address 4 Foreign address Post Code Link No. Does he own a Singapore Registered car? Yes III No. Driver Vehicle No. \$1,753841 Oriver Insurer Company dreathslyser or Blood Test Reading? Any injury? Ves - No Modification History Claim 001 New Claim Type * Insured Name QUANTUM CYCLES PTE LTD Insured NRIC Contact No. (Mobile) 90279248 Contact No (Home) Contact No.(Office) Email Address PETER@QUANTUMCYCLES.COM OI Venicle Number TP Vehicle Number Claim Description 5LN5384T / GBC5609R ON 21 Mar 2018 Name of Preferred Warkshop Preferred Workshop Contact Inspeed Lightling * Not at Fault Require Finalisation Preferend Repair Option Preferred Workshop, Name unkno GIA report Date Registered 22/83/2018 18:13 Claim Close Date Date Received Report Takon By ROSLI WAHAB Print AK Setter Save Submit Attachment Accident No. MT/0987263 Claim No. Last Doc. Received Yes | No Upload Date 22/03/2016 18:14 Path * Category: * Confidential Browse... | Clear Please Select * Normal

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A GCIDENT STATEMENT

ACCIDENT DATE: 121/3/2018 (DD/MM/YYY), TIME: (13:38) (HH:MM)
LOCATION: SIGLAP LINE.
1. DETAILS OF VEHICLE SLASBOUT
DIVERIOR MORE CONSTRUCT TO THE
APOLICY TYPE: COMPREHENSIVE / THIRD PARTY THIRD PARTY
THE TOOK / COURT / MPY /V AN / LORRY / MOTORCYCLE. / OTHERS
THE TALE ALTEROPY PRIVATE COMMERCIAL INVESTIGATION
HIPLIDEOSE OF USING AT ACCIDENT TIME!
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY OLAIM / REPORTING ONLY)
The state of the s
Alhamet augus of march
b) NRIC/FIN/PASSPORT: CONTACT!
CONTINUE TO 3, d IF DRIVER ALSO POLICY HOLDER
SHE OF PROTONNES TON HUAT THE MALE / FEMALE)
(Including driver) DINRIC/FIN/PASSPORT! CONTACT: 9279248
() GIADDRESSI
* OJDATE OF BIRTHI (01) DS /463 (DD/MM/YYYY)
BIOCCUPATIONI INDOOR TOUTON AND 1986
WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES TO WAS DRIVER AN EMPLOYEE OF THE INSURED)
THE ATTOMSHIP OF THE ORIVER WITH INSUREDI
- AWEATHER CONDITION: (CLEAR / RAINING / CHICAGO
BIROAD SURFACELLDRY / WET / OTHERS.
IF YES, PLEASE STATE WHICH POLICE STATIONS. B. THIRD PARTY VEHICLE CASE GAD TR MODELS
4 No of Desconder Of VEHICLE NUMBER! ADC CORRIGIO @ MUMAMMOND
(Individing driver) of VEHICLE NUMBER! MICHIAEL SOBRIGLO @ MICHIAEL SOBRIGLO M
(1) P. THIRD P'ARTY VEHICLE
d) VEHICLE NUMBER:
No of Perpuger, a) DRIVER'S NAMEL. CONTACTIVE
(Including deliver) 1) HRIC/FIN/PASSPORT:
· · · · ptanlock @ gmail.com

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$1581153F



TAN HUAT CHYE

发才

CHINESE 01-05-1963 SINGAPORE







5 SIGLAP ROAD #06-40 SINGAPORE 448808 NRIC No: \$1581153F

A JU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE 30 Aug 1985

Motor Cars of unladen weight not exceeding 2000 kg with not more than 7 passengers, exclusive of the driver; and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg

Licence No: \$1581153F

NF 428A

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						Search				
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