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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.
 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 neverly constant. 	on to the distingt of the appet
Charles the system who have	ACCIDENT STATEMENT
Date Of Report	23/03/2018 16:29
Date Of Accident	23/03/2018 15:55
Exact Location Of Accident	SLIP RD UPP PAYA LEBAR RD TWDS BARTLEY RD EAST
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLQ9472E
Insured/Policyholder	
Name Of Registered Owner	TING BOON KIAT
NRIC No	S6911334F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91162738
Alternative Phone No	OFFICE-91162738
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CLA 200 (R18 SR)
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

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

509831414 Policy Number

Cover Note Number

Driver

TING BOON KIAT Name of Driver S6911334F NRIC No 25/03/1969 Date Of Birth INDOOR Occupation 21/03/1989 Date Of Driving Pass

29 YEARS AND 0 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91162738 Mobile Number

Fax Number

OFFICE-91162738 Contact Number

NOEMAIL **EMail Address**

61 TAMPINES AVENUE 1 Address

#10-04

529776 Postcode

NO Was driver an employee of the Insured's Company

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

2

NO

YES

NO

1

NO

NO

YES

YES

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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? YES

Was any injured conveyed to hospital by

ambulance?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG SLIP RD UPP PAYA LEBAR RD TWDS BARTLEY RD EAST BEFORE THE STOPPING LINE. SUDDENLY VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Remarks/ Reasons: NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

FILE SIZE TOO LARGE

Vehicle Registration Number SGW1433Z

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

CHUA KIAN HON (CAI JIANFENG) Name of Driver

S7345557Z NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 20

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode TING BOON KIAT

BODY

SLQ9472E

YES

NO

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.
- 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)

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

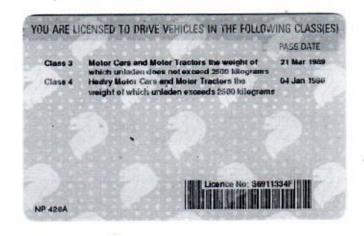
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NRIC/FIN No.:

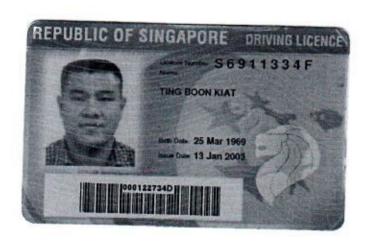
Date & Time:

NRIC/FIN No.:









eBao Tech									Gene	eralClaim
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My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident	23/03/	2018 15:55	10
	Vehicle	No.(For Motor)	SLQ9472E							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094831414	TING BOON KIAT	S6911334F	GPC	drivo CLASSIC	SLQ9472E	SLQ9472E	06/10/2017	05/10/2018
					1	Continue				

Address	61 TAMPINES AVENUE 1 #10-04	Name THE TROPIC	A SINGAPORE 529776	NRIC	
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy ssue Date	05/10/2017	Effective Date	06/10/2017 00:00	Expiry Date	05/10/2018 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	PEH ZHONG HUI (BAI ZHONGHI	Agent Tel.	91736762	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
Policyl	nolder Mailing Address				
Address 1	61 TAMPINES AVENUE 1	Address 2	#10-04 THE TROPICA	Address 3	SINGAPORE 529776
Address 4		Address Type	Singapore address	Post Code	529776
Unit No.	10-04	Related Policy Number	5094831414		
▶ Insure	d Object: SLQ9472E				
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ddress 4					8			
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OI Driver Info			- Al-weite Herrico					
nyer Name	TING BOON KIAT	Driver Type	Main Driver	20.53			25/03/1969	
nnamed driver Name		Driver NR3C	56911334F	Driver DC				
egister Date of Driver License	21/03/1989	Driver Age	45	84000	xpenence		29	
ontact No.(Mobile)	91162738	Contact No. (Office)	0	Contact ?	vo.(Home)		0	
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Anti No. Does he own a Singapore Legistened Car? Sinestifielyser or Blood Test leading? Codination History Claims 603 New Contact No. (Mobile) Email Address Deem Description Perferred Workshop Contact No. Require Finalisation Date Registered Regort Takan by God print AK letter Attachment	Ox-MX 91162738 SLQ2H72E / SGW14332 ON 23 Mar 2 Yes 22/02/2018 17:33 Ibckson MT/0987428 ● Yes ○ No	Driver Vehicle No. Any injury? Insured Name Contact No. (Home) OI vehicle Number DIS Insured Liability * Preference Repair Option Claim Close Date Claim Close Date Brows Brows Brows	TING BOON KIAT NIL SLQ9472E Not at Fault Preferred Workshop, Name unknown 21/03/2018 17:34 Category * e Clear Please Select	Driver In Jesured Comact TP Venic Name of S3A rept Date Rei V MG V MG V MG V NG	NRIC No.(Office) In Number Preferred Wi	Urgency Normal Normal Normal	\$6911334F \$6W14332 Received 23/03/2018	00.00
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₩ Video List	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma / 2018 17:33	Photos		Normal	Photos 2018-3-23	E
27.71	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:33	Photos		Normal	Photos 2018-3-23	Es
CHECK	NAC_PAYA_UBL_BOOGOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma / 2018 17:33	Photos		Normal	Photos 2018-3-23	Ec
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	NAC_PAYA_URI_RODBOL(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	Photos		Normal	Photos 2018-3-23	Ed
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	NAC_PAYA_UBI_500501(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma. r 2018 17:34	Photos		Normal	Photos 2018-3-23	Ed
45	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:14	Photos		Normal	Photos 2018-3-23	Edi
20	NAC_PAYA_U01_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma r 2018 17:34	Photos		Normal	Photos 2018-3-23	Edi
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100 ME	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 23 Ma $_{\rm 7.2018}$ 17:34	NRIC/ Driving License		Normal	NRJC/ Driving Ucense 2018-3-23	Edi
Attachment	Uploaded By/Date	Category	9	Urgency	Description	Sent? Actio (CO)