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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

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

THE RESERVE THE PROPERTY OF THE PARTY OF THE	ACCIDENT STATEMENT
Date Of Report	28/03/2018 13:39
Date Of Accident	27/03/2018 19:00
Exact Location Of Accident	CTE TWDS PIE CHANGI
Country/State of Loss	SINGAPORE
D. M. C.	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ2206R
Insured/Policyholder	
Name Of Registered Owner	LIONG KWOK YEAN
NRIC No	S7702322D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92251750
Alternative Phone No	OTHERS-92251750
Vehicle Particulars	
Manufacturer	HONDA
Model	•
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	5096687398
Cover Note Number	
Driver	
Name of Driver	LIONG KWOK YEAN
NRIC No	S7702322D
Date Of Birth	23/01/1977
Occupation	INDOOR
Date Of Driving Pass	31/07/2007
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92251750
Fax Number	

OTHERS-92251750

NOEMAIL

Address

BLK 259 TAMPINES STREET 21

#04-330

Postcode

520259

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

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

PLS REFER TO THE ATTACHED 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

SJE6195L

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

LYE WING WAI (LI RONGWEI)

Name of Driver NRIC/Passport Number

S7932382I

Contact Number

96841574

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.
- 2. 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 Name:

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Z.S.C.M.O. S.M.O. S.M.O	
I was driving my car (SGZ >206R) along the C sliproud leading to PIE (Changi) on 27 MPR 2018 at	TE
sliproud leading to PIE (Changi) on 27 MPR 2018 at	
7 pm. It was raining and there was heavy traffic als	19
that road. The traffiz was making slowly and the a	7
behind map (SJE 6195L) was driving quite close to A	щ
cor's rear. As the car in front of me stop due to	73
heavy truffic. I also stop my car. About It	0
2 secs later, the car behind me (SJE 619XL) tump	of
into my car's year, causing damage to the bur	yse
and rear door of my car The paint of my car	-
also doop off	
6-1	

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

REPUBLIC OF SINGAPORE . IDENTITY CARD NO. S7702322D





LIONG KWOK YEAN (LIANG GUOXIAN)



CHINESE

SINGAPORE

Date of birth 23-01-1977 M



3998160





NRIC No. S7702322D

05-02-2007

APT BLK 259 TAMPINES STREET 21 #04-330 SINGAPORE 520259 \$77023220

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

Class 3 Motor Cers=< 3000kg with =<7 passengers, exclusive 31 Jul 2007 of the driver; and other motor vehicles =< 2500kg

Licence No: \$77023220

eBaoTech								GeneralClaim		
Hello, NAC_BUKIT_MERAH	_800676			The state of the state of	CONTRACTOR OF THE PARTY OF THE		Change La	nguage	Change Passwore	Log Out
My Desktop	Polic	y Query								
Notice of Loss	Policy N	0.				Date of Acc	ident -	27/03	/2018 19:00	
	Vehicle	No.(For Motor)	SGZ2206R							
						Search				
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	c	5096687398	LIONG KWOK YEAN	57702322D	GPC	drivo CLASSIC	5GZ2206R	SGZ2206R	15/12/2017	14/12/2018
					- 1	Continue				

olicy No.	5096687398	Policyholder Name	LIONG KWOK YEAN	Policyholder NRIC	S7702322D
Address	BLK 259 #04-330 TAMPINES S	TREET 21 SING	APORE 520259		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	15/12/2017	Effective Date	15/12/2017 00:00	Expiry Date	14/12/2018 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	DICKSON AUTO AGENCY	Agent Tel.	NIL	GST Flag	Y
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
O Policyl	nolder Mailing Address				
Address 1	BLK 259 #04-330	Address 2	TAMPINES STREET 21	Address 3	SINGAPORE 520259
Address 4		Address Type	Singapore address	Post Code	520259
Unit No.		Related Policy Number	5096687398		
1 Insure	d Object: SGZ2206R				
© Endors	sements				
Sequen	ce Date of Endorsement	Endorse	ment Type Endors	sement Status	Endorsement Content

Claim Handling

olicy No.	5096687398	Vehicle No.	SGZ2206R	GST Registration No.	
	LIONG KWOK YEAN			Policyholder NRIC	577
olicyholder Name roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading	0
	92251750	Contact No.(Office)	0	Contact No.(Home)	0
Contact No.(Mobile)	92231790	Special Remark		eCode	No
mail Address		TCA	No	eCode Reason	9
(FK	No Yes		0	Private Hire	No
ACD Protection	No	NCD Entitlement(%)	0	ANAMES NO.	
		190000000000000000000000000000000000000	Markibo	Acceptant Ware	Col
Report Date	29/03/2018 10:24	Accident Report Within 24 hrs	Yes	Accident Type	
Date of Accident	27/03/2018	Time of Accident hh:mm	19:00	Country of Accident	Sin
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TWDS PIE CHANGI				
♥ Benefits					
▽ Excess			779.50		
Own damage Excess	600.00	Additional Excess	0.00	Windscreen Excess	
Unnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
Third Party Excess	0.00	Outside Singapore TP Excess	0.00		
	tion				
SST Registered	No		GST Registration Date		
SST Registration No.			GST Status Verified	Yes	
Modification History					
	dress		SEASTAN CONTROL OF THE ASSET	*******	(au)
Address 1	BLK 259 #04-330	Address 2	TAMPINES STREET 21	Address 3	51
Address 4		Address Type	Singapore address	Post Code	5
Unit No.		Related Policy Number	5096687398		
Driver Name	LIONG KWOK YEAN	Driver Type	Main Driver		201
Unnamed driver Name		Driver NRIC	\$7702322D	Driver DOB	2.
Register Date of Driver License	01/01/1997	Driver Age	41	Driving Experience	2
Contact No.(Mobile)	92251750	Contact No.(Office)	0	Contact No.(Home)	0
Address 1	BLK 259	Address 2	TAMPINES STREET 21	Address 3	
Address 4		Address Type	Singapore address	Post Code	5
Unit No.	#04-330				
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Ú Yes ⋅ No		
Modification History					
Claim 001 OD-MX Nex	<u>v</u>				
Claim Type *	OD-MX *	Insured Name	LIONG KWOK YEAN	Insured NRIC	S
Contact No.(Mobile)	92251750	Contact No.(Home)		Contact No.(Office)	
Email Address	KYLIONG@GMAIL.COM.SG	OI Vehicle Number	SGZ2206R	TP Vehicle Number	5
	SGZ2206R / SJE6195L ON 27 Mar 2018			Name of Preferred Workshop	Ē
Claim Description Preferred Workshop Contact	2055500K / 3750132F ON 51 Mai 5018	Incured Hability *	Not at Fault		-
A CONTRACT OF STREET PARTITION AND DESCRIPTION OF		Insured Liability *	NOT OF FOUR	CIA report	T.
No.	Yes	Preferered Repair Option	Preferred Workshop, Name unknown	GIA report	
		Claim Close Date		Date Received	2
No.	29/03/2018 10:32	Caranti and Carant			
No. Require Finalisation	29/03/2018 10:32 KRISHNASAMY	Workshop Repairer		Total Loss but Repaired	
No. Require Finalisation Date Registered				Total Loss but Repaired	

3/29/2018

Accident No.

MT/0988168

Claim No.

Last Doc. Received

Yes No

Upload Date

29/03/2018 10:30

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	Category *		Confide	ential	Urgency *	
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Attachment	Uploaded By/Date	Category	9	Urgency	Descr
少题	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:32	NRIC/ Driving License		Normal	NRIC/ Driving Li
(3)	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:31	SAS		Normal	SAS 20
W	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:29	Photos		Normal	Photos 2
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4	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Mar 2018 10:28	Photos		Normal	Photos 2
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