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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

5. 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

The state of the s	ACCIDENT STATEMENT
Date Of Report	16/05/2018 19:06
Date Of Accident	15/05/2018 22:10
Exact Location Of Accident	ANCHORVALE ROAD TOWARDS SENGKANG EAST AVENUE
Country/State of Loss	SINGAPORE
NAME AND ADDRESS OF TAXABLE PARTY.	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKJ8612Z
Insured/Policyholder	
Name Of Registered Owner	WON YIDA (WEN YIDA)
NRIC No	S8623709A
Email Address	YITARIS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98171592
Alternative Phone No	OTHERS-98171592
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	
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	5085225793-01
Cover Note Number	
Driver	
Name of Driver	WON YIDA (WEN YIDA)
NRIC No	S8623709A
Date Of Birth	12/08/1986
Occupation	INDOOR
Date Of Driving Pass	11/04/2007
Driving Experience	11 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98171592
Fax Number	
Contact Number	OTHERS-98171592

YITARIS@GMAIL.COM

Address

63 JALAN SONGKET

Postcode

537434

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

SIDE SWIPE

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)

2

Passenger 1

NAME:

: FRIEND

GENDER:

FEMALE

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 (TYPE OF COLLISION IS HEAD TO SIDE)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJV4835Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

TAN YEN SONG

NRIC/Passport Number

S7732700B

Contact Number

94565607

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.
- 5. 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) of:
 - (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.

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

NRIC/FIN No

Reporting Centre Personnel's Sig

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yith	his left	door. Nob	idy was in	wed.	4	· ·	141
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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.: POLL

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Report Date	17/05/2018 99:18	Accident Report Within 24 hrs.	Yes			Acc	cident Type		Side Swipe		-
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Address 4		Address Type	Singapure			Pos	et Code		537424		
Unit No.		Related Public Ruttlier	506522576	93-01							
♥ Of Driver Info Driver Name	Maria versa	CHURATION .	7407-123								
Unnamed driver Name	WON YEDA	Driver Type	Main Drive			LL II	USS SPECIF		E/WWW.		
	r License 01/01/2005	Driver NRIC	586237094				iver DOB		12/08/196		
Contact No.(Mobile)	98171592 98171592	Contact No.(Office)	31				lving Experience		13.		
Address 1	83 JALAN SONGKET	Address 2	CHARLTON	19190			ntect No.(Home)		142712020	ELITARY.	
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Unit No.		2005.007.1870	and thousand	2010/035		1700	et Code		£3793H		
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Declaration											
Breathalyser or Blood Reading?	Test II mg	Any injury T	Yes -	No							
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Claim Description	SK08612Z / SZV483SY ON 15 May 21	118	12			Na	one of Preferred I	Vorkshop			
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Require Finalisation	Yes +	Preferenced Repair Option	Preferred	Wartoboo, Name u	nknown *	Q1/	A report		Received		
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Claim Handling(accident reporting Claim Task)

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Display in New Window | Scan and upbacking

ACCIDENT STATEMENT

	ACCIDENT DATE: 15 / 05 / 2018)(DD/MM/YYY)	20 20 20 20 20 20 20 20 20 20 20 20 20 2
	LOCATION: Anchorvale Road towards Se.	ngkang E Ave
	1. DETAILS OF VEHICLE	•
	aJVEHICLE NUMBER: SKJ 8612 7	
	DINSURANCE COMPANY: NTUC INCOME	
	CIPOLICY NUMBER: 508522579	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PAR	RTY / THIRD PARTY FIRE &THEFT
	almake & MODEL: MAZDA 3	
	F)TYPE: CALOON / COUPE / MPV /VAN / LORR	Y / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY (PRIVATE) COMMERC	IAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUR OWN INSU	RANCE (YES NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM (RE	EPORTING ONLY
(2)	2. INSURED / POLICY HOLDER	
NUMBER OF	A)NAME: WON YIVA	(MALE) FEMALE)
	bjNRIC/FIN/PASSPORT: S8623709A	CONTACT: 98171592
PACSANGER	CIADDRESS: 63 JALAN SONGRET S537	434
INICLUDING DEFUNIL	* CONTINUE TO 2 d IS DONES A 120 DONES	
	 CONTINUE TO 3.d IF DRIVER ALSO POLICY HO DRIVER 	DLDER
2	THE CALL THE	
	b)NRIC/FIN/PASSPORT:	(MALE / FEMALE)
	c)ADDRESS:	CONTACT:
	*d) DATE OF BIRTH: (12 / 08 / 1986) (DD/	MM/YYYYI
	e)OCCUPATION: (NDOORY OUTDOOR)	necessition and a
	FIDATE OF DRIVING PASC : 11/04/200	7
	 WAS DRIVER AN EMPLOYEE OF THE INSURE 	ED'S COMPANY? (YES / NO)
	IF NO, RELATIONSHIP OF THE DRIVER WITH	H INSURED:
	 O WEATHER CONDITION: (CLEAR) / RAINING / C 	DTHERS
	b)ROAD SURFACE: (DRY) WET / OTHERS	.4
	6. WAS ANYBODY INJURED (YES /NO)	
	7. a) REPORTED TO POLICE (YES /NO	
	IF YES, PLEASE STATE WHICH POLICE STATION:	
(1)	8. THIRD PARTY VEHICLE	
	a) VEHICLE NUMBER: SJV 4835 Y	_MODEL:
MUMBER OF	b) DRIVER'S NAME: TAN YEN SONG	
PASSANGAR	c) NRIC/FIN/PASSPORT: S7732700B	CONTACT: 9456 5607
INCLUDING DRIVER	9. THIRD PARTY VEHICLE	
()	d) VEHICLE NUMBER:	_MODEL:
NUMBER OF	e) DRIVER'S NAME:	
PARSON GAR	f) NRIC/FIN/PASSPORT:	CONTACT:
INCLUDING DRIVAR		
1	No. El	

1) EMAIL: yitark Ogmail.com
>) VIDEO:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8623709A





WON YIDA (WEN YIDA)

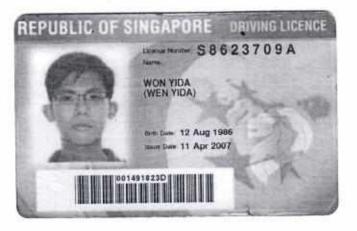
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CHINESE Date of birth 12-08-1986 Country/Place of trirth SINGAPORE





5726612



08-04-2017

63 JALAN SONGKET SINGAPORE 537434

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 11 Apr 2007 of the driver; and other motor vehicles =< 2500kg



eBaoTech

GeneralClaim

Hello, NAC_BUKIT_MERAH_800676

Change Language

Change Password

+ Log Out

My Desktop Notice of Loss

Policy Query

Vehicle No.(For Motor)

Policy No.

5KJ8612Z

Date of Accident

15/05/2018 09:18

Search

Select Policy No. 5085225793-01 Palicyholder Name WON YIDA

Policyholder NRIC 58623709A

Cover Type drivo PREMIUM SKJ8612Z SKJ8612Z

Vehicle Insured No. Object

Commence Date 27/10/2017

Expiry Date 26/10/2018

Continue