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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.
- Information provided must be as <u>truthful and accurate</u> 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

ACCIDENT STATEMENT

D-1- 0/ D1	ACCIDENT CIATEMENT
Date Of Report Date Of Accident	22/05/2018 13:35
Anny Williams Control of Control	19/02/2018 17:55
Exact Location Of Accident Country/State of Loss	LORONG 21A GEYLANG JUNCT SIMS AVENUE
	SINGAPORE SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGY6164G
Insured/Policyholder	
Name Of Registered Owner	SOH BEE GEK
NRIC No	S1492057I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97991894
Alternative Phone No	OTHERS-97991894
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	5094549760
Cover Note Number	
Driver	
Name of Driver	SOH KOK HIN
NRIC No	S1210654H
Date Of Birth	09/06/1956
Occupation	INDOOR
Date Of Driving Pass	12/08/1975
Driving Experience	42 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97991894
Fax Number	unturescense an interestina Medical const
Contact Number	OTHERS-97991894

NOEMAIL

BLK 25 EUNOS CRESCENT Address

#06-3055

400025 Postcode

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

NO COLLISION 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? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLK7274E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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.
- 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:
 - (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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	- 21A Geylang Je		Δ	-SG-VIII
			71	7010
		Sims Au	B	-SLK727
	B			
	Bus lane	Rus fo	rnof	
DESCRIBE CIRCUMSTANC	EES OF THE ACCIDENT	646K4G T		
Vehicle A	was driving	along Lor 21	A Gey	lane
junction	Sime Ave. W	hile Vehicle A		
suddent		top and nev		back
and ne		A'. After The	t Vel	ircleB
Dnvor	said that	Vehicle A di		oans
1.5 %	Petricle B.			
CLADATION				
ECLARATION We declare the foregoing part	iculars are true in every respect.			
				. 1
			1. 2	7 5 2018
licyholder's Signature te & Time:	Driver's Signature (If driver is not the policyhold		re Personnel's Sig	
	Date & Time:	er) Name: NRIC/FIN No.:		



Your Ref: SGY6164G

Our Ref: MT/CA/TP/022/0987401-001/FS/LC

27 Apr 2018

SOH BEE GEK BLK 336 #06-841 UBI AVENUE 1 SINGAPORE 400336 BY CERTIFICATE OF POSTING

Dear Policyholder

CLAIM NUMBER: MT/0987401-001
ACCIDENT INVOLVING SGY6164G / SLK7274E on 19 Feb 2018

We refer to the claim against you.

We would like to inform you that despite our several reminders, you have not responded to our requests to report the accident to us.

As a result of your non-cooperation, we could not gather sufficient facts and information to handle the claim. We regret that we have no alternative but to repudiate liability to you under the policy

We will inform the claimant to liaise directly with you. We enclose copies of the claimant's documents. If the claimant is taking legal action against you, you may wish to appoint your own lawyer to defend you.

In the meantime, we reserve the rights to seek recovery from you should we be bound by law or statute to settle any third party injury claim or claims on your behalf.

If you have any queries, please contact Our Customer Service Officers at 6430 7948 or email us at motor@income.com.sg.

Yours sincerely

Jenny Pe

Deputy Vice President

Motor Insurance

Police Report

Annex E

NOTICE OF REPORTING

This is to confirm that <u>SOH KOK HIN NRIC/FIN S1210654H</u> residing at <u>Block 25 Euros Crescent #06-3055</u>, has reported to the Police a non-injury traffic accident which occurred at on <u>19/02/2018</u> at <u>1755hrs</u> involving the following vehicles: <u>SGY6164G</u>, <u>One unknown white Toyota car</u>. <u>Location is along Lorong 21A Geylang junct Sims Avenue.</u>

If this accident was reported to the Police within 24 hours of its occurrence, then **he**/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: T160295 Elson Ang

Date: 21/02/2018

Time: 1342hrs

S/D Ref: 8

Police Post/Unit: Kampong Ubi NPP

Original - to be issued to informant

Duplicate- to be submitted to Traffic Police

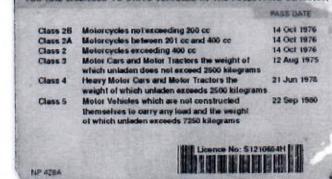


Stock 9 Euros Crescent 401-2857 Singapore 400009 Tel 1800-7479999









Email: motor @ Incom. com. sg

eBao Tech									Gene	ralClaim
Hello, NAC_PAYA_UBI_80 My Desktop		cy Query				,	Change Lar	nguage	· Change Passwo	The second second
Notice of Loss	Policy M		SGY6164G			Date of Ac	cident	19/02	2/2018 17:55	
	Select	Policy No.	Policyholder Name	Policyholder NRIC	Product	Search Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094549760	SOH BEE GEK	S1492057I	GPC	drivo CLASSIC	SGY6164G	SGY6164G	27/09/2017	01/10/2018

Claim Handling

Accident MT/0987401

Task Transfer Exit

S1492057I

0

No T

Singapore

LOS SAL SUB

Policy No. 5094549760 Vehicle No. SGY616	GST Registration
--	------------------

Policyholder Name

SOH BEE GEK

Product PRIVATE CAR INSURANCE Code

Contact No. (Mobile)

Email Address

KFK

NCD Yes Protection

No Yes

19/02/2018

NCD Entitlement(%)

Accident

Within 24

Report

Cover Type

Contact No.

Special Remark

(Office)

TCA

No Yes

drivo CLASSIC

Yes

eCode eCode

Reason

Accident

Country of

Accident

Type

NRIC

Loading

(Home)

Policyholder

Contact No.

Private Hire Not available

Accident Details

23/03/2018 15:44

hrs Time of Accident hh:mm

Orange Force

18:50

ICM No.

600.00

▽ Benefits

LORONG 21A GEYLANG - SIMS AVE

Report Date

Date of

Accident

Reporting

Centre

Accident

Location

▽ Excess

Unnamed Driver Excess

Third Party Excess

Own damage Excess

Additional 600.00

Excess Outside

0.00 Singapore OD Excess

0.00 Singapore TP

Windscreen Excess

100

Collision - Head to Rear

Outside

Excess

0.00

GST Registered Information

GST Registered

GST Registration No.

Modification History

No

0

GST Registration Date

GST Status Verified

Yes

Policyholder Mailing Address

Address 1

Address 4

BLK 336 #06-841

Address 2 Address

UBI AVENUE 1

Singapore address

Address 3 Post Code SINGAPORE 400336

400336

Type Related Unit No.

Policy Number

OI Driver Info

Driver Name

Unnamed driver Name Register Date

of Driver

Contact No.

License

(Mobile)

Address 1

Driver NRIC

Driver Age

Driver Type

Contact No. (Office)

Address 2

5094549760

Driver DOB

Driving Experience

Contact No. (Home)

Claim Handling

Accident	MT/0987401	

Policy No.	5094549760					
	2034243760	Vehicle No.	\$GY6164G		GST Registration No.	
Policyholder Name	SOH BEE GEK				Policyholder NRIC	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	
Contact No.(Mobile)	NA	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	
KFK	+ No Yes	TCA	* No Yes		eCode Reason	
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire	
Accident Details					in the same	
Report Date	23/03/2018 15:44	Accident Report Within 24 hrs	Yes		Accident Type	
Date of Accident	19/02/2018	Time of Accident hh:mm	18:50		Country of Accident	
Reporting Centre		Orange Force			ICM No.	
Accident Location	LORONG 21A GEYLANG + SIMS AVE				1011110	
▽ Benefits						
♥ Excess						
Own damage Excess	600.00	Additional Excess	0		West	_
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600,00	Windscreen Excess	
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
GST Registered Info	ormation			0.00		
GST Registered	No		GST Registrat	ion Date		
GST Registration No.			GST Status V		Yes	
Modification History					\$35%	
Policyholder Mailing	***					
Address 1						
Address 4	BLK 336 #06-841	Address 2	UBI AVENUE 1		Address 3	
		Address Type	Singapore address		Post Code	
Unit No. OI Driver Info		Related Policy Number	5094549760			
Driver Name						
Jonamed driver Name		Driver Type				
Register Date of Driver Licer		Driver NRIC			Driver DOB	
Contact No.(Mobile)	nse	Driver Age			Driving Experience	
Address 1		Contact No.(Office)			Contact No.(Home)	
Address 4		Address 2			Address 3	
A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1		Address Type	Foreign address		Post Code	
Init No.						
oes he own a Singapore	Yes - No	Driver Vehicle No.			Driver Insurer Company	
Does he own a Singapore	Yes = No	Driver Vehicle No.			Driver Insurer Company	
Does he own a Singapore Registered car?	Yes = No	Driver Vehicle No.			Driver Insurer Company	
Does he own a Singapore Registered car? Iodification History		Driver Vehicle No.			Driver Insurer Company	
ooes he own a Singapore legistered car? odification History	Yes = No	Driver Vehicle No.			Driver Insurer Company	
Does he own a Singapore Registered car? Individual control Claim 002 OD-MX			SOU BEF COU			
coes he own a Singapore degistered car? odification History Claim 002 OD-MX	lew	Insured Name	SOH BÉE GEK		Insured NRIC	
coes he own a Singapore degistered car? odification History Claim 002 OD-MX Note that the contact No.(Mobile)	OD-MX *	Insured Name Contact No.(Home)	NIL		Insured NRIC Contact No.(Office)	6
coes he own a Singapore Registered car? odification History Claim 002 OD-MX Note: The contact No.(Mobile) mail Address	OD-MX ▼ 96922939	Insured Name Contact No.(Home)			Insured NRIC Contact No.(Office) TP Vehicle Number	6
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Attachment List

	Uploaded By/Date	Folder Date	File Name		9	Source
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	NAC_PAYA_UBJ_800601	NATIONAL ASSESSMENT CENTRE SERVICES) on 23 May 2018 09:42	Photos		Normal	Photos 20:
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