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TR: Re-inspection \$75	ntact No:	5) FT : Follow-T For claiming a	hrough Survey (Resurvey) sainst INC Only (wef 10 Jan 2005	
S NTUC Additional Services S	maged Portion:	6) TR : Re-inspe	ction	\$75
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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.
- 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 aforesaid.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	02/07/2018 15:56
Date Of Accident	29/06/2018 16:00
Exact Location Of Accident	PIONEER RD NORTH TWDS AYE (CITY)
Country/State of Loss	SINGAPORE
C	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT5548E
Insured/Policyholder	
Name Of Registered Owner	CARZONRENT PTE LTD
Co Reg No	201605659R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91816096
Alternative Phone No	OFFICE-91816096
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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 HIRE
Insurance Company	

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5096309102

Cover Note Number

Driver

 Name of Driver
 LIM KIM CHEW

 NRIC No
 \$1620457I

 Date Of Birth
 10/10/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 10/07/2002

Driving Experience 15 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93885783

Fax Number

Contact Number OFFICE-93885783

EMail Address NOEMAIL

Address BLK 745 JURONG WEST STREET 73

#03-47

Postcode 640745

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OT

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

15

NO

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

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? YES

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BOON TECK NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 1800-2549999 - FAX NO: 63554310

NO

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20180629/2183.

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 SJR6921P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver ANG AARON
NRIC/Passport Number S8533250C
Contact Number 88268776

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name

LIM KIM CHEW

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SJT5548E

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

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.
- 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:

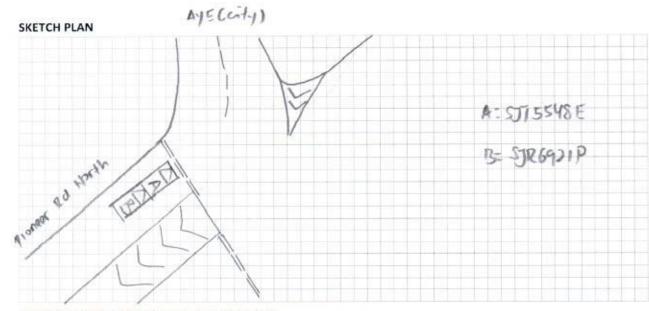
Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to plice report-7/20180629/1183.

DECLARATION

I/We degrated the Bregoing 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 .:





T/20180629/2183

1 of 3

Report No. T/20180629/2183

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Tel No: 1800-2549999

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 18 20:49	fade:	Vide Report No.:	Station Diary No.: 37			
Informa	nt's Particu	ulars					
Name of LIM KIM	Informant: CHEW		Address: APT BLK 745 JURONG WEST STREET 73 #03-47 SINGAPORE 640745				
ID Type / ID No.: NRIC NO / S1620457I			Contact No.: Home/Office:	Mobile: 93885783			
National SINGAP	ity: ORE CITIZ	ΈN	Email:				
Sex: Male	Age: 54	Date of Birth: 10/10/1963	Type of Informant: Driver				
Race: Chinese		Language: Institution / School Na					
Occupation: Grab Driver		Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:					

	mation of the Accident				
Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 29/06/2018 16:00	Type of Location Roundabout	
Location: Along Road 1 PIONEER RO	DAD NORTH				
Weather:		Road Surface:		Road Speed Limit:	
Cloudy		Wet		N.	
Cloudy					
		Traffic Control:		Traffic Volume:	
Cloudy Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate	

Details of Vehicle Involved								
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger		
SJR6921P	Car				Slightly Damaged	0		
SJT5548E	Car				Slightly Damaged	0		

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





2 of 3

Report No. T/20180629/2183

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207

Tel No: 1800-2549999

CONTINUATION OF REPORT

Driver		自己的		1200				
Name	Ang Aaron					S8533250C		
Related Vehicle	SJR6921P (Car)			Contact No.		88268776		
Hospital/Clinic	NIL				of g ce & Date	Class: NIL Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	NIL		Degree of Injury NIL				
Driver								
Name	LIM KIM CHEW		19.0.	ID No.		S1620457I		
Related Vehicle	SJT5548E (Car)	-		Contact No.		93885783		
Hospital/Clinic	HORIZON MEDICAL CENTRE			Class Drivin Licend Expiry	g	Class: 2B,2A,3,4 Date of Expiry: NIL		
Date Treatment	NIL		Date Disc	harge	NIL			
No. of Days gran	ted Medical Leave	04	Degree of	Injury	Sligh			

Brief Details.

On 29/06/2018 at about 1600hrs, I was driving my vehicle plate SJT5548E along Pioneer Road North, before entering the round about at Pioneer Circus.

I stopped my vehicle before exiting to the roundabout, when a vehicle plate SJR6921P hit the rear of my vehicle.

After the accident, I went to do a medical check and was given 4 days MC as I am suffering pain from right side of my neck and the neck to the lower back. There was numbness on my right hand as well.

No government property was damaged and no one was conveyed to the hospital.





3 of 3

Report No. T/20180629/2183

Police Station Of Origin: Boon Teck NPP 207 Toa Payoh North #01-1231 SINGAPORE 310207

Tel No: 1800-2549999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

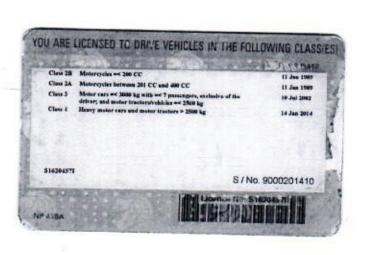
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now please fax a copy to 65474885 stating the report number as reference

Signature Of Officer Recording The Report: E / Sgt 2 KELVIN ONG LIN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 29/06/2018 20:49
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Insp MOHAMMED FADZLY BIN ABIDUL AZIZ Contact No.: 65476355	APORE
Authentication Stamp	SN 062
NP168	SIGNATURE











Policy No.	5096309102	Policyholder Name	CARZONRE	NT PTE LTD	Policyholder NRIC	201605659R	
Address	61 UBI AVENUE 2 #08-04B A	UTOMOBILE MEG	AMART SING	GAPORE 408898			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	29/11/2017	Effective Date	28/11/2017	7 00:00	Expiry Date	18/10/2018 2	3:59
Excess Type		All Claim Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	GI-SHOP	Agent Tel.	68411279		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	holder Mailing Address						
Address 1	61 UBI AVENUE 2	Addre	ss 2	#08-04B AUTOMO	BILE MEGAMA	Address 3	SINGAPORE 408898
Address 4		Addre	ss Type	Singapore address		Post Code	408898
Jnit No.	04-10	Relate Numb	ed Policy er	5100813086			
D Insure	d Object: SJT5548E						
and the second	sements						
♥ Endors							

cident MT/1001251											
Ricy No.	5096309102		Vehicle No.	SJTSS46E			GST Registratio	na kini			
licyholder Name	CARZONNENT PTE LT	***	Territor (42)	33130402			Policyholder Ni			2016056	
			Sept. Societies Societies	10011110000000				OK,			· ·
oduct Code	PRIVATE CAR INSUR	IANCE	Cover Type	drive CLASSIC			Loeding			0	
ntact No. (Mobile)	91816096		Contact No.(Office)	0			Contact No. (No.	ome)		0	
el Address			Special Remark				eCode		1	- 4	
	No ○ Yes		TCA	No ○ Yes			eCode Reason				
D Protection	No		NCD Entitlement(%)	0			Private Hire.		- 8	Yes:	
Accident Details											
port Date	02/07/2018 20:21		Accident Report Within 24 hrs	Yes			Acceptant Trans				Marie San
							Accident Type				Head to Rear
e of Accident	29/06/2018		Time of Accident hit mm	16:00			Country of Acc	ident		Singapore	
parting Centre			Orange Force				ICM No.				
ident Location	PIONEER RD NORTH	TWDS AYE (CITY)									
Benefita											
Excess											100
n damage Excess		2,000.00	Additional Excess	0			Windscreen Ex			100.00	
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