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TP Particulars: Veh No: 51)/Non-INC()	
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	10%; P: 21-79%. P: 80-1	100%]
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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 <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.
- 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.	
PERSONAL PROPERTY OF THE PROPERTY OF THE PERSON OF THE PER	ACCIDENT STATEMENT
Date Of Report	07/09/2018 14:33
Date Of Accident	06/09/2018 17:30
Exact Location Of Accident	BLK 745 BEDOK RESERVOIR ROAD CARPARK
Country/State of Loss	SINGAPORE
MARKET ALLEGE TO A LONG TO BE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ3337P
Insured/Policyholder	
Name Of Registered Owner	EARNEST TAN REN WEI
NRIC No	S9432996E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97283763
Alternative Phone No	OFFICE-97283763
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT 1.3 A
Exact Purpose for which vehicle was being used a time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO 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	5096232400
Cover Note Number	

Driver

Name of Driver	EARNEST TAN REN WEI

 NRIC No
 \$9432996E

 Date Of Birth
 12/09/1994

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/10/2015

Driving Experience 2 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97283763

Fax Number

Contact Number OFFICE-97283763

EMail Address NOEMAIL

BLK 702 WEST COAST ROAD Address

#13-361 120702

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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR Road Surface DRY

Other Information

Postcode

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

YES Was any body injured in the Accident?

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)

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

REFER TO 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

SJD1505P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

CHEN LI MEI

NRIC/Passport Number

S1447736E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

EARNEST TAN REN WEL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

NECK

SGZ3337P

YES

NO

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.
- 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.
- 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
- 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 aforesald.
- Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- 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)
 - (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")
- 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.
- 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.:

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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 Personne's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

SINCRATICATA CONSENTATION SET AND STATE

IMPORTANT IN THE

- Complete and sebriit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.

 Information provided must be as fruitful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.

 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 traffic police department for investigation.

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Time of socident	1730	(MM:MM)
Exact location of accident	Bedde Reserviso Road BIK	745 larpark

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Vehide registration number	56233378				
Vehicle make and model		Hond	a fit		
Type of vehicle	Saloon Lorry	MPV Bus	CRV Motorcy	Van çle □	Others:
Vehicle category	Private 🗹	Commer	cial e N	Notorcy	cle 🗆
Purpose of using at said time	- Contract - Contract				
Are you claiming under your own insurance company?	Yes Third part cl	No o	if no, please Reporting o		

314 de 182 d	(MSURANCE IN	FORMATION	AND TO VICE
Insurance company	NTO	IL	
Policy number			
Type of policy	Comprehensive	Third party fire & theft o	TP only [

Earnest Tan Ren wel Male or Female o
59432996E
97283763
OK 702 West coast Road #13-361

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	COPP WINDS
Name	Male 🖪	Female o
NRIC / Fin / Passport number		
Contact		
Address		
Email address	earnest_940 live com.sq	
Date of birth	12/09/1994	
Occupation	Indoor D Outdoor D	
Driving date pass	15/10/2015	

Anna matrice of	Vacn	No p
and of versions of	16 no nela	ationship of the driver and insured: Owner
el. Ethisurad's pempenyi	Yes D	No B
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Weather condition	Dry	Wet n
Road surface	Diyu	(Inclusive of driver
No of passenger		The state of the s
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Was anybody injured?	Yes 🗹	No P
Was other vehicle damaged?	Yes Ø	No 🗆
AND OFFICE ACTIONS OF MINORON.		
Contract to the Contract of th	DE	TIAILS OF POLICE ACTION
Reported to police?	Yes 🗆	No of If yes, please state which police station.
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Contact

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Were seat belts worn?	Yes B No D
Was injured conveyed to hospital by ambulance?	Yes D No Ø

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Which vehicle person in?		
Were seat belts worn?		0 0
Was injured conveyed to hospital by ambulance?	Yes 🗆 N	ОП

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Was injured conveyed to hospital by ambulance?	Yes 🗆	No D

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Which vehicle person in?		
Were seat belts worn?	Yes □	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆



SINGAPORE ARMED FORCE.

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EARWEST TAN FIRM 1982



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Batt.

HRIC No. 89432598E

was the base of the

YOU ARE LICENSED TO DAINE VEHICLES BY THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Motor Cars #< \$060kg valu =<7 passengers, exclusive 15 Oct 2015 of the driver; and other motor vehicles =< 2500kg Class 5

CELTIFICATION WITH THE PARTY OF THE PARTY OF

HEAC No/Colour 89432595E/ FINK

CHINESE Date Of Birth

12/09/1984

Service Status

REGULAR

Military Ranti Status

ENLISTEE

Blood Group

G (+) Country OI Birth SINGAPORE

Blk 762 WEST COAST ROAD #13-361 SINGAPORE 120702



NP 428A

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	O 500	96232400		EARNEST TAN REN WEI	S9432996E	GPC	drivo CLASSIC	SGZ3337F	SGZ3337P	28/11/2017	27/11/2018
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Policy Information Page 1 of 1



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Hcy No	5096232400	Vehicle No.	8GZ3337P	GST Registration No.	
ertificate No.					
Royholder Name	EARNEST TAN REN WEI			Policyholder NR3C	59432996E
oduct Code	PRIVATE CAR INSURANCE	Cover Type	driva CLASSIC	Loading	0
intact No. (Mobile)	97283763	Contact No.(Office)	9	Contact No.(Home)	0
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×	® No ○ Yes	TCA	® No ○ Yes	eCode Reason	L. Santa
D Protection	No.	NCD Entitlement(%)	0	Private Hire	No
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Accident Details					
port Date	07/09/2018 14:48	Accident Report Within 24 hrs	Yes	Accident Type	Damaged whilst parked
te of Acodent	06/09/2018	Time of Accident hhimm	17:30	Country of Acodent	Singapore
parting Centre		Orange Force		SCM No.	
odem Location	BLK 745 BEDDK RESERVOR ROAD CARPAR	K Association			
Excess					
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in dámagé Excess				Windscreen Excess	100,00
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ed Party Excess	0.00	Outside Singapore TP Excess	0,00		
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T Registered	No		GST Registration Date		
T Registration No.			GST Status Verified	Ves	
offication Hilliony					
Policyholder Mailing Ad	dress				
dress 1	BLK 702 #13-361	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
dress 4		Address Type	Singapore address	Post Code	120702
it No.	13-361	Related Policy Number	5096232400		
OI Driver Info					
iver Name	EARNEST TAN REN WEI	Driver Type	Main Driver		
named driver Name	ENRICEST THE MEN WEL	Driver NRIC	59432996E	Driver DOB	1210011004
	0.202000				12/09/1994
gister Date of Driver License		Driver Age	23	Driving Experience	2
mact No.(Mobile)	97283763	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 702	Address 2	WEST COAST ROAD	Address 3	SINGAPORE 120702
dress 4		Address Type	Singapore address	Post Code	120702
nit No.	13-361				
es he own a Singapore	☐ Yes (No	Driver Vehicle No.		Driver Insurer Company	
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egistered car?	○ Yes No	Driver Vehicle No.		Driver Insurer Company	
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