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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
- 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

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(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	ACCIDENT STATEMENT
Date Of Report	28/09/2018 15:06
Date Of Accident	27/09/2018 17:00
Exact Location Of Accident	BEDOK SOUTH AVE 1
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7802D
Insured/Policyholder	
Name Of Registered Owner	LIM NA
NRIC No	S6916320C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98229052
Alternative Phone No	OFFICE-98229052
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
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	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	5097079005
Cover Note Number	enstalant valuation and
Driver	
Name of Driver	TEO HAN PENG AUGUSTINE
NRIC No	S6841791J
Date Of Birth	26/10/1968
Occupation	INDOOR
Date Of Driving Pass	02/12/1986
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92209488
ax Number	4 16 1 TT 1 123
Contact Number	
Mail Address	

NOEMAIL

Address

808 BEDOK RESERVOIR RD #08-08

Postcode

479240

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own Vehicle

.....

Insurance Company of Driver's Own Vehicle

7

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

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

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

I WAS TRAVELLING ALONG BEDOK SOUTH AVE 1, I WAS WAITING TO TURN INTO CARPARK BLK 2,3,2A. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT. I REALIZED VEH B (BEARING NO SJM1747K) FROM BEHIND COLLIDED ONTO MY VEH RIGHT REAR PORTION.

#### 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 Vehicle Make/Model/Colour

SJM1747K

D 1 1 0/ D

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

- Please report <u>correctly</u> 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.:

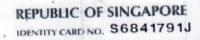
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We declare the foregoing particul	ars are true in every respect	)	1 1
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	and a substitution of	Kep	DATE OF THE PARTY OF STANSFILM

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.:

DIARDING STIMLER RESIDENCE VO







TEO HAN PENG AUGUSTINE

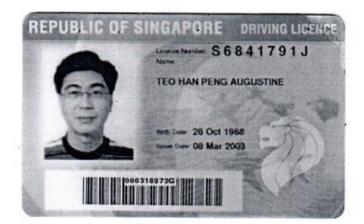
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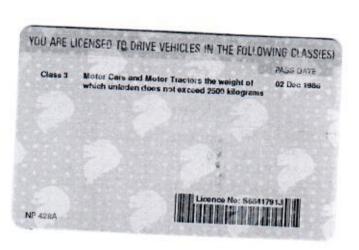
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SINGAPORE

S6341791J







eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 27/09/2018 14:58 Vehicle No.(For Motor) SLU7802D Certificate Number Search Policyholder Name Certificate Policyholder NRIC Select Policy No. Vehicle Insured Object Commence Date Product Cover Type Expiry Date Number No. 5097079005 drivo LIM NA 56916320C GPC SLU7802D SLU7802D 14/12/2017 13/12/2018 PREMIUM Continue

#### Claim Handling Accident MT/1013513 Policy No. 5097079005 Vehicle No. SLU7802D GST Registration No. Certificate No. Policyholder Name LIM NA Policyholder NRIC \$6916 Product Code PRIVATE CAR INSURANCE Cover Type drivo PREMIUM Loading à. Contact No.(Mobile) 98229052 Contact No.(Office) Contact No.(Home) Special Remark eCode No Y KFK - No Yes TCA » No Yes eCode Reason NCD Protection No NCD Entitlement(%) 50 Private Hire ▽ Accident Details Report Date 28/09/2018 17:26 Accident Report Within 24 hrs Accident Type Collisio Date of Accident 27/09/2018 Time of Accident hh:mm 17:00 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location BEDOK SOUTH AVE 1 **▽** Excess Own damage Excess 600.00 Additional Excess 0 Windscreen Excess Unnamed Driver Excess 0.00 Outside Singapore OD Excess 600.00 Third Party Excess 6.00 Outside Singapore TP Excess 0.00 GST Registered Information GST Registered GST Registration Date **GST Registration No GST Status Verified** Yes Modification History Policyholder Mailing Address Address 1 808 BEDOK RESERVOIR ROAD Address 2 #08-08 BAYWATER Address 3 SINGA Address 4 Address Type Singapore address Post Code 479240 Unit No. Related Policy Number 5100095668 OI Driver Info Driver Name TEO HAN PENG AUGUSTINE Driver Type Named Driver Unnamed driver Name S6841791) Driver NRIC Driver DOB 26/10/ Register Date of Driver License 01/01/1997 Driver Age Driving Experience 21 Contact No.(Mobile) 92209488 Contact No.(Office) Contact No.(Home) Address 1 808 BEDOK RESERVOIR ROAD #08-08 BAYWATER Address 3 SINGA Address 4 Address Type Singapore address Post Code 479241 Unit No. 08-08 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Breathalyser or Blood Test. Reading? Any injury? Yes + No Modification History Claim 001 New Claim Type \* Insured Name OD-MX LIM NA Contact No.(Mobile) Contact 98229052 No. (Home) NIL Email Address TEOSLAND@HOTMAIL.COM Vehicle Number SLU7802D Claim Description SLU7802D / SJM1747K ON 27 Sept 2018 Preferred Preferenced Liability Not at Fault Requires No. Yes Preferred Workshop, Name unknown report Received Date Registered Claim Close Date 28/09/2018 17:28 Report Taken By LIEW SHAN HUI \* Print AK letter Save Submit Attachment

Claim No.

001

MT/1013513

Accident No.

Last Doc. Received

Upload Date

28/09/2018 17:30

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