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Owner / Driver: (100 301.7	Tel:	
Policy No: (). Per	iod: (Cover Type: (·)
Confirmed by : (Date:	Time:	7
Insured/Driver Liability: (%) [N		20%; P: 21-79%. P: 80-100	
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number Contact Number

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 aforesaid.

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	ACCIDENT STATEMENT
Date Of Report	29/09/2018 14:47
Date Of Accident	28/09/2018 14:15
Exact Location Of Accident	BLK 117 BUKIT MERAH VIEW (CARPARK)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF463Y
Insured/Policyholder	
Name Of Registered Owner	AFENDIE BIN ABDUL KARIM
NRIC No	S6807341C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87508703
Alternative Phone No	OTHERS-87508703
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS J AUTO
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	5100922713
Cover Note Number	
Driver	
Name of Driver	AFENDIE BIN ABDUL KARIM
NRIC No	S6807341C
Date Of Birth	29/02/1968
Occupation	OUTDOOR
Date Of Driving Pass	09/02/1994
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87508703

OTHERS-87508703

NOEMAIL

Address BLK 48 LOWER DELTA ROAD

#08-13

Postcode 160048

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

5

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General Information of the Accident

Type Of Accident COLLIDED INTO PARKED VEHICLE

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?

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)

0

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)

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

GBB507X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

TAN HENG KIT

NRIC/Passport Number

Contact Number

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.
- 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:
 - 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 & fime:

Driver's \$ignature

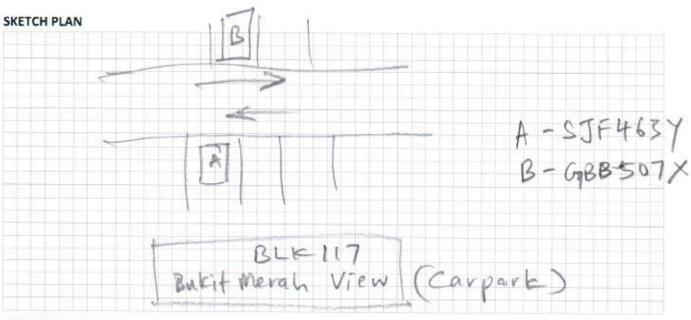
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AND THE PROPERTY OF THE PROPER
Vehicles A was at B4 meran view carps
Blk 117. I parked my are on 25.9.15
around 2.15 pm, at at carprale Bill 117
and left a/m place to work after
few what in coming back to my
Webrill, vehicles B already my knowled
my back right orde door and here wer
dermages.

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.:

29/9/2018

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My Desktop	Poli	cy Query									000000000000000000000000000000000000000
Notice of Loss	Policy f	No.				Date	of Accident		28/09/2018	14:15	
	Vehicle No.(For Motor)		SJF463	SJF463Y		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5100922713		AFENDIE BIN ABDUL KARIM	S6807341C	GPC	drivo CLASSIC	SJF463Y		30/05/2018	29/05/2019
						Continue					

Policy Information

Policyholder Policyholder Policy No. 5100922713 AFENDIE BIN ABDUL KARIM S6807341C Name NRIC Certificate No. Address BLK 48 #08-13 LOWER DELTA ROAD THE BEO CRESCENT SINGAPORE 160048 Product Group PRIVATE CAR INSURANCE Plan Policy Flag Name Policy Effective issue 30/05/2018 30/05/2018 00:00 Expiry Date 29/05/2019 23:59 Date Date Third Own Windscreen Party damage 600 100 Excess Excess Excess Additional os 0 Premium Excess Outside Outside Singapore 600 Singapore 0 OD TP Excess Excess Agent LQ INSURANCE AGENCY PTE LTI Agent Tel. 63340783 GST Flag Coinsurance No Flag Open Policy Info Certificate Info

Policyholder Mailing Address

Address 1 BLK 48 #08-13 Address 2 LOWER DELTA ROAD Address 3 THE BEO CRESCENT

Address Address 4 SINGAPORE 160048 Singapore address Post Code 160048

Type Related

Unit No. 08-13 Policy 5100922713 Number

Insured Object: SJF463Y

Endorsements

Date of Endorsement Sequence Endorsement Type **Endorsement Status Endorsement Content**

> Continue Cancel

Claim Handling

Certificate No. Policyholder Name AFEN Product Code PRIV Contact No.(Mobile) 8750 Email Address KFK NCD Protection No. ▼ Accident Details Report Date 01/11 Date of Accident 28/01 Reporting Centre Accident Location BLK: ▼ Excess Own damage Excess Unnamed Driver Excess Third Party Excess ▼ Benefits ▼ GST Registered Information GST Registration No. Modification History ▼ Policyholder Mailing Address Address 1 BLK: Address 4 SING Unit No. 08-1: ▼ OI Driver Info Driver Name AFEN: Unnamed driver Name Register Date of Driver License 09/02 Address 1 BLK: Address 4 BLK: Address 4 SING Contact No.(Mobile) 87500 Address 1 BLK: Address 4 BLK: Address 4 BLK: Address 4 BLK: Address 5 BLK: Address 6 BLK: Address 1 BLK: Address 6 BLK: Address 1 BLK: Address 8 BLK: Address 9 BLK:	V2018 10:00 V2018 17 BUKIT MERAH VIEW (CARPARK) 600.00 0.00 0.00 No No 8 #08-13 APORE 160048 DIE BIN ABDUL KARIM 71994 7703	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Outside Singapore TP Excess Driver Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	drivo CLASSIC O No Yes 14:15 O GST Registration Date GST Status Verified LOWER DELTA ROAD Singapore address 5100922713 Main Driver S6807341C 50 C LOWER DELTA ROAD Singapore address	Loading Contact No. eCode eCode Reas Private Hire Accident Ty; Country of A ICM No. Windscreen OO Address 3 Post Code Driver DOB Driving Expe
Policyholder Name AFEN Product Code PRIV Contact No. (Mobile) 8750 Email Address KFK NCD Protection No Accident Details Report Date 01/11 Date of Accident 28/01 Reporting Centre Accident Location BLK: Excess Own damage Excess Unnamed Driver Excess Third Party Excess Benefits GST Registered Information GST Registered GST Registration No. Modification History Policyholder Mailing Address Address 1 BLK 4 Address 4 SING Unit No. 09-13 OI Driver Info Driver Name AFEN Unnamed driver Name Register Date of Driver License 09/02 Contact No. (Mobile) 87500 Address 4 Unit No. #08-1 Address 4 Unit No. #08-1 BLK 4 Address 4 Unit No. #08-1 BLK 4 Address 4 Unit No. #08-1 But 4 Address 6 Unit No. #08-1 But 4 Address 7 Ceclaration Breathelyser or Blood Test Reading? 0 mg Addification History Claim 001 OD-MX New Claim Type *	NTE CAR INSURANCE 8703 7 Yes 7/2018 10:00 7/2018 17 BUKIT MERAH VIEW (CARPARK) 600.00 9.00 0.00 No No 8 #08-13 4PORE 160048 DIE BIN ABDUL KARIM 7/1994 7/1994	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	drive CLASSIC D No Yes 40 Yes 14:15 C GST Registration Date GST Status Verified LOWER DELTA ROAD Singapore address 5100922713 Main Driver S6807341C 50 C LOWER DELTA ROAD	Policyholder Loading Contact No. eCode eCode Reas Private Hire Accident Tyg Country of A ICM No. Windscreen OO OO Driver DOB Driving Expe Contact No.(Address 3
Product Code PRIV Contact No. (Mobile) 8750 Email Address KFK N NCD Protection No	NTE CAR INSURANCE 8703 7 Yes 7/2018 10:00 7/2018 17 BUKIT MERAH VIEW (CARPARK) 600.00 9.00 0.00 No No 8 #08-13 4PORE 160048 DIE BIN ABDUL KARIM 7/1994 7/1994	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	O Yes 40 Yes 14:15 0 600.0 0.0 GST Registration Date GST Status Verified LOWER DELTA ROAD Singapore address 5100922713 Main Driver \$6807341C 50 0 LOWER DELTA ROAD	Contact No. eCode eCode Reasi Private Hire Accident Tys Country of A ICM No. Windscreen OO Address 3 Post Code Driver DOB Driving Expe Contact No.(Address 3
Product Code Contact No. (Mobile) Email Address KFK **N NCD Protection **P Accident Details Report Date Date of Accident Reporting Centre Accident Location **Excess Own damage Excess Unnamed Driver Excess Third Party Excess **Benefits **GST Registered Information GST Registered GST	NTE CAR INSURANCE 8703 7 Yes 7/2018 10:00 7/2018 17 BUKIT MERAH VIEW (CARPARK) 600.00 9.00 0.00 No No 8 #08-13 4PORE 160048 DIE BIN ABDUL KARIM 7/1994 7/1994	Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	O Yes 40 Yes 14:15 0 600.0 0.0 GST Registration Date GST Status Verified LOWER DELTA ROAD Singapore address 5100922713 Main Driver \$6807341C 50 0 LOWER DELTA ROAD	Loading Contact No. eCode eCode Reas Private Hire Accident Ty Country of A ICM No. Windscreen OO Address 3 Post Code Driver DOB Driving Expe Contact No. Address 3
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KFK NCD Protection No Accident Details Report Date 01/1 Date of Accident 28/0 Reporting Centre Accident Location BLK: Excess Own damage Excess Unnamed Driver Excess Third Party Excess Benefits GST Registered Information GST Registered GST Registration No. Modification History Policyholder Mailing Address Address 1 BLK 4 Address 4 SING Unit No. 09-1: OI Driver Info Driver Name AFEN Unnamed driver Name Register Date of Driver License 09/02 Contact No. (Mobile) 87500 Address 1 BLK 4 Address 4 Unit No. #08-1 Contact No. (Mobile) 87500 Address 1 BLK 4 Address 4 Unit No. #08-1 Does he own a Singapore Registered car? Ye Pocciaration Breathelyser or Blood Test Reading? 0 mg **Colaim Ool OD-MX New**	N/2018 10:00 N/2018 17 BUKIT MERAH VIEW (CARPARK) 600.00 9.00 0.00 No No 8 #08-13 NPORE 160048 DIE BIN ABDUL KARIM //1994 703	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess Outside Singapore TP Excess Address 2 Address Type Related Policy Number Driver Type Driver NRIC Driver Age Contact No.(Office) Address 2	Yes 14:15 0 GST Registration Date GST Status Verified LOWER DELTA ROAD Singapore address 5100922713 Main Driver S6807341C 50 0 LOWER DELTA ROAD	eCode eCode Reas Private Hire Accident Ty Country of A ICM No. Windscreen OO Address 3 Post Code Driver DOB Driving Expe Contact No.(Address 3
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