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# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. 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.
- 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.

- 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.

The state of the s	ACCIDENT STATEMENT	
Date Of Report	01/10/2018 13:59	
Date Of Accident	01/10/2018 09:30	
Exact Location Of Accident	CTE TWDS CITY B4 BALESTIER RD EXIT	
Country/State of Loss	SINGAPORE	
Control of the Park of the Park of	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCG200S	
Insured/Policyholder		
Name Of Registered Owner	CHRISTOPHER ENG CHEE YANG	
NRIC No	S7801402D	
Email Address	CHRISTOHER.ENG@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-97325411	
Alternative Phone No	OFFICE-97325411	
Vehicle Particulars		
Manufacturer	HONDA	
	FIT 4 20 A	

Α
USE

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

# Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LT				
Type Of Coverage	COMPREHENSIVE				

Fleet Policy NO

5060842092-05 Policy Number

Cover Note Number

# Driver

CHRISTOPHER ENG CHEE YANG Name of Driver

S7801402D NRIC No 30/01/1978 Date Of Birth INDOOR Occupation 30/11/1998 Date Of Driving Pass

19 YEARS AND 10 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-97325411 Mobile Number

Fax Number

OFFICE-97325411 Contact Number

CHRISTOHER.ENG@GMAIL.COM **EMail Address** 

Address

BLK 431A YISHUN AVE 1 #13-511

Postcode

OWNER

Was driver an employee of the Insured's Company

NO

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

Type Of Accident

CHAIN COLLISION

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?

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)

3

Passenger 1

NAME:

UNKNOWN

GENDER:

· MALE

Passenger 2

NAME-

: UNKNOWN

GENDER:

: FEMALE

**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 CTE TWDS CITY BEFORE BALESTIER RD EXIT ON THE FIRST LANE, WHEN I NOTICED FRONT VEH SLOW DOWN AND STOP, AS SUCH I FOLLOW TO SLOW DOWN AND STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJG692Y) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION, TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

## Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SJG692Y

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

YEO AI LING REGINA

NRIC/Passport Number

S8606125B

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

UNKNOWN

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)

# **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

UNKNOWN

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

- 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.:

	A = SCG 2005  B = SJG 692 Y
	I I A C = Unknown
	B O = Unknown,
	D STE Awds City By Balestica Rd
DESCRIBE CIRC	UMSTANCES OF THE ACCIDENT
- Citie	OWSTANCES OF THE ACCIDENT
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116	ase Refer to Statement
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LARATION	
declare the foreg	going particulars are true in every respect.
	/ /
11/1/	
holder's Signature	Driver's Signature
& Time:	(If driver is not the policyholder)
(a)	Date & Time: NRIC/FIN No.:

27



# YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

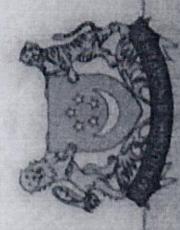
EFFECTIVE DATE

liass 3 Motor cars with unladen weight =< 3000kg with =< 7 30 Nov 1998 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

Licence No:S7801402D

NP 428A

# DENTITY CARD NO. S7801402D REPUBLIC OF SINGAPORE



# CHRISTOPHER ENG CHEE YANG (WENG ZHIYANG)

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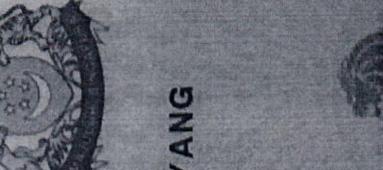
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CHINESE

30-01-1978

Date of birth

Country/Place of birt SINGAPORE





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Notice of Loss	Policy N	0.				Date	of Accident	3	01/10/2010 1	0.00	_
	Vehicle	No.(For Motor)	SCG20	0S		Certifi	cate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5060842092- 05		CHRISTOPHER ENG CHEE YANG	S7801402D	GPC	drivo CLASSIC	SCG200S	SCG200S	31/07/2018	30/07/2019
					Ι	Continue					

### Claim Handling Accident MT/1013775 GST Registration No. SCG200S Vehicle No. 5060842092-05 Certificate No. Policyholder NRIC 57801-CHRISTOPHER ENG CHEE YANG Policyholder Name 0 Cover Type drive CLASSIC Product Code PRIVATE CAR INSURANCE Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 97325411 eCode No \* Special Remark Email Address eCode Reason » No Yes . No Yes Private Hire No. NCD Entitlement(%) 50 NCD Protection No Accident Details Accident Type Chain ( Accident Report Within 24 hrs Yes 01/10/2018 16:11 Country of Accident Singap Time of Accident hh:mm 09:30 Date of Accident 01/10/2018 ICM No. Orange Force Reporting Centre CTE TWDS CITY B4 BALESTIER RD EXIT Accident Location - Excess 100.00 Windscreen Excess 0 Additional Excess 600.00 Own damage Excess 600.00 Outside Singapore OD Excess 0.00 Unnamed Driver Excess 0.00 Outside Singapore TP Excess Third Party Excess → Benefits GST Registration Date GST Registered GST Status Verified GST Registration No. Modification History VISTA Address 3 YISHUN AVENUE 1 Address 2 BLK 431A #13-511 Address 1 76143 Post Code Singapore address Address Type SINGAPORE 761431 Address 4 5060842092-05 Related Policy Number #04-515 Unit No. → OI Driver Info Driver Type Main Driver CHRISTOPHER ENGICHEE YANG Driver Name Driver DOB 30/01/ Driver NRIC 57801402D Unnamed driver Name Driving Experience 11 Driver Age 40 Register Date of Driver License 06/12/2006 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 97325411 VISTA Address 3 YISHUN AVENUE 1 Address 2 BLK 431A #13-511 Address 1 76143 Post Code Singapore address Address Type SINGAPORE 761431 Address 4 Unit No. Does he own a Singapore Registered car? **Driver Insurer Company** Driver Vehicle No. Declaration Breathalyser or Blood Test Reading? Yes - No Any injury? 0 mg Modification History Claim 001 New Insured Name CHRISTOPHER ENG CHEE YANG OD-MX Claim Type \* Contact 6666666 97325411 Contact No.(Mobile) (Home) OI Vehicle Number SCG200S Email Address SCG2005 / SJG692Y ON 1 Oct 2018 Preference Prefered Workshon Profession Prefered Workshon Prefered Claim Description Preferred report Received Connect No. Yes Preferred Workshop, Name unknown Claim 01/10/2018 16:13 Close Date Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment

Claim No.

001

MT/1013775

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Accident No.

Last Doc. Received Upload Date \* Yes No 01/10/2018 16:19 Path \* Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select Choose File No file chosen Clear Please Select Chaose File No file chosen Clear Please Select Chaose File No file chosen Clear Please Select Chaose File No file chosen Clear Please Select Message Read

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