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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 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.
- 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.
- 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

一个方式的数据数据。一个方式的数据数据	ACCIDENT STATEMENT
Date Of Report	15/10/2018 15:00
Date Of Accident	14/10/2018 19:00
Exact Location Of Accident	PUNGGOL EAST TWDS KPE (ECP)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKP5726S
Insured/Policyholder	
Name Of Registered Owner	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA
NRIC No	S2711194G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228025
Alternative Phone No	OFFICE-85228025
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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
f No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097164849
Cover Note Number	
Driver	
Name of Driver	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA
NRIC No	S2711194G
Date Of Birth	13/01/1960
Occupation	INDOOR
Date Of Driving Pass	20/10/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228025
Fax Number	9.6

OFFICE-85228025

NOEMAIL

BLK 273B PUNGGOL PLACE Address

#04-868

Postcode 822273

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

OWNER

Insurance Company of Driver's Own Vehicle

NO

3

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING 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?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : MALE

Passenger 2

NAME: . -

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

SMA6307S

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage No. Of Passenger (Including Driver) Passenger 1

2

NAME:

GENDER: :

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

l 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 & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

1111 - Pedestrian crossing A Vehicle 4: SPP 57265 vehicle 8: SMA 63075 funggol East KPE(ECP)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	0 M	the	Sta	ited	do	ate :	ti ti	me,	I, Ve	hicle '	A', SKF	5726	ς,
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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 Signature

Name:

NRIC/FIN No.:

ACCIDENT STATEMENT

ACC	DENT DATE: 14 / 10 / 2018	J(DD/MM/YYYY), TIME: 19	:_00_)(HH:MM)
LOC	ATION: Punggol East to	wards KPE(ECP)	
).† ⊗	DJINSURANCE COMPANY:	HYMMAN EIRMTYA IV /V AN / LORRY / MOTORCY IE / COMMERCIAI / MOTORCY DENT TIME: WOYY PMYP OUR OWN INSURANCE (YES/I OTY CLAIM / REPORTING ON	(CLE / OTHERS) CYCLE) (OSC (MO) (LY)
Ho of pession gar (Industring driver)	C) ADDRESS: 2738 PUNGO	LSO POLICY HOLDER	ALE / FEMALE)
male passenge	c) ADDRESS:		
female	*d)DATE OF BIRTH: (1) (1) (1) (1) (1) (1) (1) (1	CE: 3460VS OF THE INSURED'S COMPAN	NY? (YES / (10)
5.	a) WEATHER CONDITION: (CLEA b) ROAD SURFACE: (DRY / WE)	R / RAINING / OTHERS	ttling
	WAS ANYBODY INJURED (YES / I a)REPORTED TO POLICE (YES / N IF YES, PLEASE STATE WHICH PO	(G)	
He of passenger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SMA	6307S MODEL:	
(D)	c) NRIC/FIN/PASSPORT:	CONTACT;	
No of passenger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:	•
Including driver)	e) DRIVER'S NAME:	CONTACT;	
()	V.	65	

email =

fax =

REPUBLIC OF SINDAPORE DRIVING LICENCE



Licence Number: S 2 7 1 1 1 9 4 G

Name:

WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA

Birth Date: 13 Jan 1960

Issue Date: 20 Oct 2014



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2711194G





Name

WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA

Race

SINHALESE

Date of birth

Sex

13-01-1960

M

Country of birth

SRI LANKA





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

EFFECTIVE DATE

4108790

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 20 Oct 2014 of the driver; and other motor vehicles =< 2500kg

NP 428A

粉



NRIC No. S2711194G

Date of Issue 01-10-2007

APT BLK 273B PUNGGOL PLACE #04-868 SINGAPORE 822273 NRIC No: \$27111946 Date: 03/01/2012

No. 7009

Hello, NAC_PAYA_UBI_80	00601		SEREN MANAGE	20040130		Interest in		Genera	i Cidilli
My Desktop Notice of Loss	Policy Query				Change L	anguage	• Change	Password	• Log Ou
Notice of Loss	Policy No.			Date of	Accident	14/	10/2018 19	:00	
	Vehicle No.(For Motor)	SKP5726S		Certifica	ite Number				
			Se	earch					
	Select Policy No.	Certificate Number Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	O 5097164849	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA	S2711194G	GPC	drivo CLASSIC	SKP5726S	SKP5726S	04/01/2018	23/03/2019

Policy Information Policyholder Policy No. 5097164849 Policyholder NRIC WIJESURIYA APPUHAMILAGE CH S2711194G Name Certificate BLK 273B #04-868 PUNGGOL PLACE SINGAPORE 822273 Address Product PRIVATE CAR INSURANCE Plan Name Policy Flag Policy Effective 04/01/2018 issue 04/01/2018 00:00 Expiry Date 23/03/2019 23:59 Date Excess All Claims Type Third Own Party 1500 Windscreen damage Excess 2000 100 Excess Excess Additional 05 0 Excess Premium Outside Outside Singapore 2000 Singapore 1500 OD Young/Inexperience Driver Excess TP Excess Excess Agent B.A.S. INSURANCE AGENCY Agent Tel. 67492112 GST Flag Coinsurance No Flag Open Policy Info Certificate Info Policyholder Mailing Address Address 1 BLK 273B #04-868 Address 2 PUNGGOL PLACE Address 3 SINGAPORE 822273 Address 4 Address Type Singapore address Post Code 822273 Related Policy Unit No. 5097164849 Insured Object: SKP5726S Endorsements Sequence Date of Endorsement **Endorsement Type Endorsement Status Endorsement Content** Continue Cancel

laim Handling					
ccident HT/1015777					
olicy No.	5097164849	Vehicle No.	SKP57268	GST Registration No.	
rtificate No.				A30-1113-08-1-13-00-11-1-1-1-1	
icyholder Name	WIJESURIYA APPUHAMILAGE CHANDRATHII	AKA WIJESURIYA		Policyholder NRIC	52711194G
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
rtact No.(Mobile)	85228025	Contact No. (Office)	0	Contact No.(Home)	0
ail Address		Special Remark		eCode	and the same of th
	® No ○ Yes	TCA	® No ⊜ves		N: V
Protection	No	NCD Entitlement(%)	20	eCode Reason Private Hire	CO.
Accident Details		13/97	77	Private Her	Yes
ort Date	15/10/2018 19:20	Academ Report Within 24 hrs	Yes		
e of Accident	14/10/2018			Accident Type	Collision - Head to Rear
orting Centre		Time of Accident hh:mm	19:00	Country of Accident	Singapore
		Orange Force		JCM No.	
dent Location	PUNGGOL EAST TWOS KPE (ECP)				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100,00
amed Driver Excess	0.00	Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform					
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
ification History					
Policyholder Mailing A					
		College States	V100 01 01 01 01 01 01 01 01 01 01 01 01		
ress 1	BLK 2738 #04-868	Address 2	PUNGGOL PLACE	Address 3	SINGAPORE 822273
ress 4		Address Tyge	Singapore address	Past Code	622273
No.		Related Policy Number	5097184849		
OI Driver Info					
er Name	WIJESURIYA APPUHAMILAGE CHANDRATHILAKA WIJESURIYA	Driver Type	Main Driver		
amed driver Name		Driver NRIC	\$2711194G	Driver DOB	12004000
Ster Date of Driver Licens	e 20/10/2014	Driver Age	58	Driving Experience	12/01/1960
tact No.(Mobile)	65228025	Contact No.(Office)	0	Contact No.(Home)	17.
ress 1	9LK 273B	Address 2	PUNGGOL PLACE	Address 3	0
iress 4		Address Type	Singapore address	Post Code	SINGAPORE 822273
í No.	04-868	ACHELIZATOWEZ		Post Cope	622273
is he own a Singapore	○ Yes ® No	Driver Vehicle No.			
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ethalyser or Blood Test	0 mg	411/2000			
iding?		Any injury?	O Yes ® No		
diffication History					
Claim 001 New					
laim 001 New					
m Type *	00-MX	Insured Name	WIJESURIYA APPUHAMILAGE CH	Insured NRIC	537111015
tect No.(Mobile)	98180205	Contact No.(Home)		Contact No.(Office)	S2711194G
# Address		OI Venicle Number	SKP5726S		Guarante
mant Type Clement Type	Please Select	Type of Benefit *	Please Select	TP Vehicle Number	SMA6307S
mam Name *	>>	Claimant NRIC +			
mant Address	122			100	
m Description	SKP57265 / SMA63075 DN 14 Oct 2018			16	
erred Workshop Contact	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	***************************************		Name of Preferred Workshop	17
uire Finalisation	Mar. Sort	Insured Liability •	Not at Fault		0.000
	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
e Registered	15/10/2018 19:22	Claim Close Date	Value of the second of the sec	Date Received	15/10/2018 00:00
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Doc Received	● Yes ○ No	Upload Dece	15/10/2018 19:24		
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