#### 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 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

	ACCIDENT STATEMENT
Date Of Report	25/10/2018 15:41
Date Of Accident	24/10/2018 17:20
Exact Location Of Accident	CTE (SLE) BEFORE ANG MO KIO AVE 1 EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW4428Y
Insured/Policyholder	
Name Of Registered Owner	ANG KWEE HOCK
NRIC No	S1349462B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98341178
Alternative Phone No	OFFICE-98341178
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL 1.5X A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5084943505-01

Cover Note Number

#### Driver

Name of Driver ANG KWEE HOCK NRIC No S1349462B Date Of Birth 28/02/1959

Occupation INDOOR Date Of Driving Pass 04/09/1980

Driving Experience 38 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98341178

Fax Number

Contact Number OFFICE-98341178

EMail Address NOEMAIL

BLK 174 ANG MO KIO AVENUE 4 Address

#05-651

560174

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

NO

YES

NO

#### General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

Was any body injured in the Accident? Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 3

Passenger 1

NAME: : LOH KIU ENG

: FEMALE GENDER:

Passenger 2

NAME:

: TAN SOO HAR

: FEMALE

GENDER:

#### **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 SLN7104Y

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

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  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 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)

lunderstand, 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 Signatur

Name:

NRIC/FIN No .:

SKETCH PLAN	CTG	TOWARDS	SLE	BEFORE	AVE	6×17
VG	AH	: SKW	4428	7		
Vŧ	EM B	: SLN	7104	Υ		
ESCRIBE CIRC	UMSTANCE	S OF THE ACCIDI	ENT		4 14	
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STOP, I	. FOH	ow. SHO	RTLY /	AFTER V	E41CL6	B (8LN \$7104)
COLLIDED	0000	MY VEH	ICLE	CAUSING	DAMA	GE TO MY
NEHICLE	REA	P port	101.			
	my	PASSENGER	S: LOH TAN	SOD HAR	S 1002	24H 905 H
				74		
ECLARATION						
	Gregoing par	ticulars are true in e	vep respect.			
dicyholder's Sign	Sure	Driver's Sig		The second secon	Reporting	Centre Personnel's Signature
ate & Time		(If driver is Date & Tim	not the policyh ie:	older)	Name: NRIC/FIN N	10.:

### ACCIDENT STATEMENT

LOCATION: CIE TOWARDS SLE BEFORE AVE I EXIT (ANG MO LIO)

DETAILS OF VE     OVEHICLE - NU	MBER: SKW 4428 X	
DINSUBANCE	COMPANY: NTUC	
CIPOLICY NUM		5-01
CIPOLICY TYPE	COMPREHENSIVE THIRD	PARTY / THIRD PARTY FIRE &THEFT)
OJFOLICI IIFE	DEL HONDA VEZGI	
ejmake & MO		
TITTPE SALOO	COUPE/MPV/VAN/EO	RRY / MOTORCYCLE / OTHERS)
g) VEHICLE CAT	EGORY: PRIVATE COMME	OR WATE
h)PURPOSE OF	USING AT ACCIDENT TIME:_	PETURIS
i) ARE YOU CLA	MING UNDER YOUR OWN IN	SURANCE (TESTIO)
IF NO, PLEASE	STATE THIRD PARTY CLAIM	REPORTING ONLY
2. INSURED / POU	CY HOLDER WOCK	(MALE) FEMALE)
A)NAME: A		0.000
b)NRIC/FIN/PA	SPORT: S 1349 462 B	1 1 1 2 1 2 1
c)ADDRESS:	IK 174 ANG MARS MO	KIO ANG 4 405-651
<u>-</u> \$(	560174	
6	3.d IF DRIVER ALSO POLICY	HOLDER
15 No of passenge, DRIVER		
(Induding dies) a) NAME:		(MALE / FEMALE)
	SPORT:	CONTACT:
(03) CIADDRESS:		
2 female passengers	10.50	
*dYDATE OF BIRT	H: 128/02/1959 100	D/MM/YYYY)
eJOCCUPATION	(INDOOR OUTDOOR)	
f)YEARS OF DRIV	ING EXPRERIENCE: 38	DEDIC CONDANS OVER THIS
4. WAS DRIVER A	N EMPLOYEE OF THE INSU	RED'S COMPANY? (YES (NO)
IF NO, RELATIO	NSHIP OF THE DRIVER W	OTUEDS
5. a) WEATHER CON	DITION: CLEAR RAINING	/ OTHERS
b)ROAD SURFAC	E: DRY WET LOTHERS	
6. WAS ANYBODY I		
7. a)REPORTED TO I	OLICE (YES (NO)	
	TATE WHICH POLICE STATIO	N:
8. THIRD PARTY VEH	CLE CLA TION V	
	MBER: SLM 7104 4	MODEL:
Induding driver) b) DRIVER'S NA		COLUMN
c) NRIC/FIN/PA		CONTACT:
9. THIRD PARTY VEH		HODEL
We of passenger of Denversion		MODEL:
B) DRIVERSINA		
Including driver) f) NRIC/FIN/PA	SSPORT:	CONTACT:
(		

email =

fax =





Licence Number S 1 3 4 9 4 6 2 B

Name

ANG KWEE HOCK

Birth Date: 28 Feb 1959

Issue Date: 04 Aug 2003



# REPUBLIC OF SINGAPORE IDENTITY CARD NO. S1349462B



Name



ANG KWEE HOCK

洪桂福

Race

CHINESE

Date of Buth

Sex

28-02-1959

M

Country of Birth

SINGAPORE



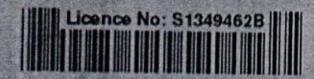
## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE

Class 2B Class 3 Motorcycles not exceeding 200 cc Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

30 Jul 1981 04 Sep 1980

NP 428A



2963295



NRICNO S1349462B



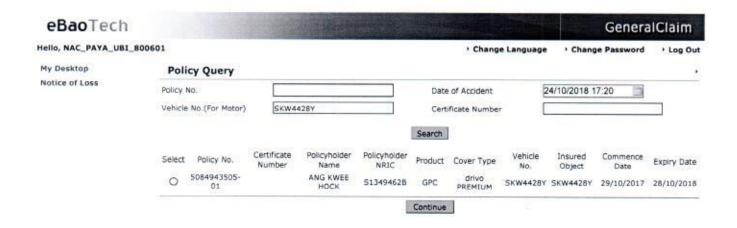
Blood Group

Date of issue

07-06-1997

Address

APT BLK 174 ANG MO KIO AVENUE 4 #05-651 SINGAPORE 560174





A THE RESERVE THE PARTY OF THE					
Accident MT/1017209	William Congress				
Policy No.	5084943505-01	Vehicle No.	SKW4428Y	GST Registration No.	
Certificaté No.					
olicyholder Name	ANG KWEE HOCK			Policyholder NRIC	S1349452B
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading	0
ontact No.(Mobile)	98341178	Contact No (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	THE W
PK:	® No ○Yes	TCA	® No ○ Yes	eCode Reason	
CD Protection	No	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
leport Date	25/10/2018 19:09	Accident Report Within 24 hrs	s Yes	Accident Type	Collision - Head to Rear
ute of Accident	24/10/2018	Time of Accident hh:mm	17:20	Country of Actident	
eporting Centre	64.10.2010		1230		Singapore
codent Location	CTE (SLE) BEFORE AND MO KIO	Orange Force		ICM No.	
	CIE (SUE) BEFORE AND MO KIO	AVE I EXIT			
V Excess					
wn damage Excess	600.00	Additional Excess	0	Windscreen Excess	100.00
nnamed Driver Excess	0.00	Outside Singapore OD Excess	600.00		
nind Perty Excess	0.00	Outside Singapore TP Excess	0.00		
U Benefits					
GST Registered Informa	ation				
ST Registeres	No		GST Registration Date		
ST Registration No.			GST Status Ventied	Yes	
lodification History					
on National des Marines & Alexander	A2000				
Policyholder Mailing Ad					
	BLK 174 #05-651	Address 2	ANG MO KTO AVENUE 4	Address 3	SINGAPORE 560174
ddress 4		Address Type	Singapore address	Post Code	560174
nit No.		Related Policy Number	5084943505-02		
♥ OI Driver Info		200 100 100			
Iriver Name	ANG KWEE HOCK	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	51349452B	Driver DOB	28/02/1959
egister Date of Driver License	04/09/1980	Driver Age	59	Driving Experience	38
ontact No.(Mobile)	98341178	Contact No.(Office)	0	Contact No.(Home)	0
ddress 1	BLK 174	Address 2	ANG MO KID AVENUE 4	Address 3	SINGAPORE 560174
ddress 4		Address Type	Singapore address	Post Code	560174
Init Na.	05-651				
loes he own a Singapore legistered car?	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
eclaration					
reathalyser or Blood Test eading?	Omp	Any injury?	○ Yes ® No		
lodification History					
Claim 001 New					
am Tune #	COD-MX	9200000000	and wase up-	4260000000	(California)
1570	ос-нх 🔻	Insured Name	ANG KWEE HOCK	Insured NRIC	S1349462B
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