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Confirmed by : (	W5002	Date:	Tim	-100		)	-
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#### SINGAPORE ACCIDENT STATEMENT

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#### IMPORTANT NOTICE

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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy flability.
- 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	31/10/2018 09:57
Date Of Accident	30/10/2018 18:25
Exact Location Of Accident	ALONG JALAN JURONG KECHIL
Country/State of Loss	SINGAPORE
DESCRIPTION OF DESCRI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC1416G
Insured/Policyholder	
Name Of Registered Owner	TEOH SYN SHIN
NRIC No	S1622546J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93619792
Alternative Phone No	OTHERS-93619792
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5060623891-05
Cover Note Number	
Driver	
Name of Driver	TEOH SYN SHIN
NRIC No	S1622546J
Date Of Birth	17/03/1963
Occupation	INDOOR
Date Of Driving Pass	05/03/1984
Driving Experience	34 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93619792
Fax Number	
	11 Trade Sendo - Esperant Sets / Carl Adriatic Action and Consultation

OTHERS-93619792

NOEMAIL

Address

BLK 682B JURONG WEST CENTRAL 1

#14-110

Postcode

642682

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

#### General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: MOTHER IN LAW

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

PLEASE REFER TO SKETCH PLAN

### 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

SKZ3115R

Vehicle Make/Model/Colour

TOYOTA HARRIER

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

HARRY HENG

NRIC/Passport Number

S2551493I

Contact Number

94789977

Address

Postcode

#### 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.
- 3. 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.
- 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. 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.
- 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)

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:
  - (i) 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
- 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 Cer

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

and the control of the recognition
ON 30/10/2018 AT ABOUT 18:25 HRS I WAS TRAVELLING ALONG
JALEN JURONG KACHIL of WAS AT 7th LAST LONGE OF 2 COME RE
ON MY RIGHT LANGE WAS HEAVY TROPFIC. TUST BEFORE THE BUS
STOP I FELT A BUMP FROM MY RIGHT SIDK & I STOP MUD
SAW A CAR SKZ311SR RADING ON WE RIGHT SIDE OF MY CAR
SKC 1416 G SO I ASK HIM TO STOP HT THE CHRYDRE WARRY
SU 7HAT WE COM TOLK ABOUT 2HE MATTER
be till in our offer or the treatment

# 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: (Q) 1 | M H/B NRIC/FIN No.:

31 lio/2018

#### Claim Handling Accident MT/1017887 SKILLING CIST Registration for Policy No. 5050623891-05 Certificate No. Pulicyhulder NRTC 316225403 TECH SYN SHIN Rollcyholder Name HINNE CLASSIC Printert Code PRIVATE CAR INSURANCE Caver Type Contact No.(Home) Contact No.(Office) Contact No.(Hubbs) 93619792 wCode No \* Special Remark Email Address eCode Ressin - No Yes + No Yes KFK Private rice No NCD Entitlement(%) 50 NCD Protection Vies Appliest Type Side Switte Accident Report Within 24 hrs. Report Date: 31/10/2016 10:38 Country of Accident Singapore Time of Accident thismin Date of Accident 30/18/2018 Change Folice Reporting Centre ALONG JALAN JURONG RECHIL Ancident Location · facuse 100.00 Additional Excess Windsomer: Excess 11.00 Own damage Excess Unnamed Onver Excess 0.00 Christite Strigapore OD Excets. 0.00 Third Party Excess 0,00 Outside Singepore TP Excess 0.00 · Aenefits Sum Insured Соунгади 9999999999 Transport Mowener 20059099,00 Excess Walver □ GST Registered Information GST Registration Date GST Registered No GST Status verified **GST Registration No.** Madification History Policyholder Mailing Address SINGAPORE 645682 JUNCING WEST CENTRAL I BAX 6829 #14-110 Address 2 Address 1 Address Type Singapore address Post Code 642682 Address 4 5060623891-05 Related Pokcy Number ♥ DI Driver Info Main Driver Sriver Type Dover Name TECH SYN SHIN Driver DOB 17/03/1963 \$1622544) Unnamed driver Name Driver MUC Driving Experience Driver Age 55 34 81/83/1984 Register Date of Driver License Contact No.(Home) Contact No.(Office) Contact No.(Mutris) 03610792 EINGAPORE 642682 Address 3 BLK 6828 #14-110 Address 2 JURONG WEST CENTRAL 1 Address 5 Singapore address Post Code 642682 Address Type address 4 Unit No. Does he own a Singapore Registered car? Briser Insurer Company Amile SHC343.6G Yes - No Driver Vehicle No. Breathelyser or Blood Test Reading? Yes - No Any injury? 8 mg Modification History Claim 001 New Name TROW SYN SHIN \$1622 DD:HX Cleim Type \* Contact No. (Hother) 93619792 Contact to (Hobie) OS Vehicle SKC14160 5KZ31 Email Address Name of Preferred SKC1416G / SKZ8113R ON 30 OK 2018 Claim Description Preferred Preferred Workshop, Name utlant Option Workshop Epithett No. Yes Finalisation Date 31/10/ 31/10/2018 10:40 Clair Registered ROSLI WAHAB Report Televilly Frint AK letter Save Submit Attachment Craim No. 601 HT/1017867 81/10/2018 10:42 Upited Date W. Vet. D No. Last Doc. Received. Denformal Path: \* \* NO \* Normal Clear Please Select Choose File No file chosen ٠ Normal ٠ Dear Please Select. Choose File No Ne chosen Choose File No file chosen Cleer Please Select No Normal Y NO \* Normal \* Clear Please Select Choose File No file chosen + NO \* Normal ٠ Please Select Clear Choose File No file chosen Choose File No file showen Clear Please Select \* ND \* Normal Message Keed W Attachment List

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Attachment	Uploaded	By/Date	Category	?	Lingwincy	Description	
	NAC_BURIT_MERAH_BODS/S( NATIO S (BURIT MERAH)) W	NAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 18:42	Photos		Normal.	Photos 2018-10-31	
0	NAC_BURIT_MERAH_800676( NATIO S (BURIT MERAH)) or	NAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:42	Photos		Normal	Phones 2018-10-31	
1	NAC_BUKIT_MERAH_BODG76( NATIO 5 (BUKIT MERAH)) or	NAL ASSESSMENT CENTRE SERVICE 131 Oct 2018 10:41	Photos		Normali	Photos 2018-10-31	
	NAC_BURIT_MERAH_800676( NATIO S (BURIT MERAH)) br	NAL ASSENSMENT CENTRE BERVICE 111 Oct 2018 10:41	Photos		Normal	Photos 2018-10-31	
A	RAC_BURIT_MERAH_500676( NATIO S (BLIKIT MERAH)] or	NAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:41	Photos		Normal	Photos 2018-30-31	
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	NAC_BUKIT_MERAH_800676( NATIO S (BUKIT MERAH)) (#	NAL ASSENSIMENT CENTRE SERVICE 31 Oct 2018 10:40	Photog		Normal	Ptotos 2018-10-11	
39	NAC_BURIT_HERAH_800676( NATIOX \$ (BURIT HERAH)) or	NAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:40	Photos		Normal	Precise 2018-10-31	
	NAC_BURIT_MERAH_800675( NATION S (BURIT MERAH)) on	AL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:40	Photos		Normal	Printing 2018-10-31	
3	NAC_BUKIT_MERAH_800676( NATION 5 (BUKIT MERAH)) on	IAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:40	Photos		Normal	Photos 2016-10-31	
753	RAC_BURIT_MERAH_800676( NATION 5 (BURIT MERAH)) on	IAL ASSESSMENT CENTRE SERVICE 31 Oct 2018 10:40	SAS		Normal	SAS 2018-15-31	
S 100	NAC_BURIT_MERAH_800676( NATION S (BURIT MERAH)) OF	AL ASSESSMENT CENTRE SERVICE 31 Del 2018 10:40	NRIC/ Driving Literise		Normal	NAICC Driving License 2016-10-31	
Video List							
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# ACCIDENT STATEMENT

ACCI	DENT DATE: (30) 10, 18 100/MM/	(YYY), TIME: (18:25) (HH:MM)	1170
LOCA	Tour bail luch		16
1.	DETAILS OF VEHICLE  a) VEHICLE NUMBER: SEC 14/6 9  b) INSURANCE COMPANY: MILL  c) POLICY NUMBER: 5060 623 43/-	-05	
	d)POLICY TYPE: (COMPREHENSIVE / THIRD e)MAKE & MODEL: OR 0/19 /- f)TYPE: (SALOON / COUPE / MPV /V AN / LO g)VEHICLE CATEGORY: (PRIVATE / COMME	LT.)'S  ORRY / MOTORGYCLE / OTHERS)  ERCIAL / MOTORGYCLE)	
2.	h) PURPOSE OF USING AT ACCIDENT TIME:  1) ARE YOU CLAIMING UNDER YOUP OWN II  1F NO, PLEASE STATE (THIRD PARTY CLAIM  INSURED / POLICY HOLDER	NSURANCE (YES/NO)	8
WIFE	AINAME: THEY SYN SHOW	MALE FEMALE	-
norther in how	D)NRIC/FIN/PASSPORT: >1622546 C	CONTACT:	93619792
24	* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER	
\$440 of passenga	DOM (FO		
(Including driver)	GINAME: A OBONE	(MALE / FEMALE)	
(3)	b)NRIC/FIN/PASSPORT:	CONTACT:	- IV
50	*d)DATE OF BIRTH: (17 / 03 / /96 \$)(0	DD/MM/YYYY)	
(3)	TYEARS OF DRIVING PASC 06/03	11984	**
4.	WAS DRIVER AN EMPLOYEE OF THE INSI IF NO, RELATIONSHIP OF THE DRIVER W	URED'S COMPANY? (YES (NO) VITH INSURED: OWNER	<b>₩</b>
5.	a) WEATHER CONDITION: (CLEAR / RAINING		)
n we	b) ROAD SURFACE: [DRY / WET / OTHERS		J
6. 7.	WAS ANYBODY INJURED (YES / NO)  IF YES, PLEASE STATE WHICH POLICE STATIC	DNP	9.5
# He of passenger	HIRD PARTY VEHICLE  a) VEHICLE NUMBER: SKZ 311CR	MODEL: TOYOTA HOSPER	ir
( Induding driver)	c) NRIC/FIN/PASSPORT: \$35514931	CONTACT: 94789977	
	HIRD, PARTY VEHICLE d) VEHICLE NUMBER:	MODEL:	£5
a lon of bussander	-1 DOUGDICALANG	MODEL:	
( Including driver)	f) NRIC/FIN/PASSPORT:	CONTACT:	
	(d)		9

email = VIDEO

# REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1622546J





TEOH SYN SHIN

CHINESE

Opte of nirth 17-03-1963

Country/Place of birth SINGAPORE

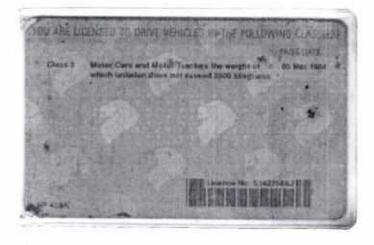


5897674



Cate of leave 23-03-2018

APT BLK 6828 JURONG WEST CENTRAL 1 #14-110 SINGAPORE 642682



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My Desktop	toney query	cy Query									
Notice of Loss	Policy No.					Date	of Accident		30/10/2018 (	9:31	
	Vehicle	No.(For Motor)	SKC14	16G	- 1	Cert	ificate Numbe	E.			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5060623891- 05		TEOH SYN	51622546J	GPC	drivo CLASSIC	SKC1416G	SKC1416G	25/07/2018	24/07/2019