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SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

 1. 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.
- 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

for repair to your vehicle? If No, Please state action to be taken 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 5070885616-03 Cover Note Number		ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE SKN174C Insured/Policyholder Name Of Registered Owner Co Reg No 199005133K NOEMAIL Mobile Phone No Alternative Phone No OFFICE-64407598 Vohicle Particulars Manufacturer Model JETTA 1.4 TSI AT 1622G5 WORKING If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Filed Policy No Policy Number Cover Note Number Driver Name of Driver Nam	Date Of Report	16/11/2018 17:26
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Fax Number Contact Number	Gender	FEMALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-94505467
	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address 1A STILL LANE

Postcode 424019

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

OTHER - DIRECTOR

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

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)

2

Passenger 1

NAME: : LEE KIM HAW

GENDER: : MALE

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 STOP AT THE SLIP RD FROM BARTLEY RD EAST TWDS AIRPORT RD TO CHECK ON THE MAIN ROAD TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SKX8520G) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SKX8520G

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

DETAILS OF INJURED PERSON 1

Name PANG MOY HOON

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKN174C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name LEE KIM HAW

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? SKN174C

Were seat belts worn? YES

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

IMPORTANT NOTICE

- 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 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.
- 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.
- 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)

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)
 - (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
- (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.
- 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:

LTD #

Driver's Signature (If driver is not the policyholder)

Date & Time:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's Signature

Airport Rd	A = 5KN 174
	A = SKN 174 8 = SKX 952
(A)	
18,	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	Statement	
			/	

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:

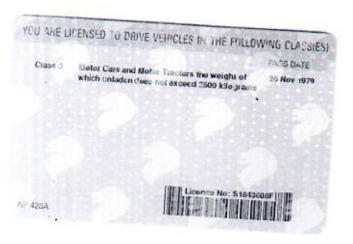
Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

THE NOTE HER PERMENTED BY









e Bao Tech										Gener	alClaim	
Hello, NAC_PAYA_UBI_80	0601						• Change	e Languag	e • Chan	ge Password	• Log Out	
My Desktop	Poli	cy Query	¿uery									
Notice of Loss	Policy I	No.				Date	of Accident		16/11/2018	17:18	7	
	Vehicle	No.(For Motor)	SKN17	74C		Certi	ficate Number	en l				
						Search						
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date	
		5070885616- 03		SEAWALK HARDWARE TRADING PTE LTD	199005133K	GPC	drivo PREMIUM	SKN1740	2004 # 0-0004	30/04/2018	29/04/2019	

Continue

Claim Handling Accident MT/1020121							
Policy No.	5070885616-03	Vehicle No.	SKN174C		GST Regis	tration No.	
Certificate No.							
Policyholder Name	SEAWALK HARDWARE TRADING PTE LTD				Policyholde	er NRIC	1990
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading		0
Contact No.(Mobile)	64407598	Contact No.(Office)			Contact No	o.(Home)	
Email Address		Special Remark			eCode		No
KYK	* No Yes	TCA	= No Yes		eCode Rea	ison	
NCD Protection Accident Details	Yes	NCD Entitlement(%)	50		Private Hir	e	No
Report Date	16/11/2018 17:48	A STATE OF BUILDING					
Date of Accident		Accident Report Within 24 hrs	Yes		Accident T	ype	Collis
Reporting Centre	16/11/2018	Time of Accident hh:mm	10:10		Country of	Accident	Singa
Accident Location	BARTLEY RD EAST SLIP RD INTO AIRPORT RD	Orange Force			ICM No.		
	a manufacture and the street and						
Own damage Excess	600.00	Additional Excess	0		Windscreen	e Booker	(Value o
Unnamed Driver Excess		Outside Singapore OD Excess	11207	600.00	windscreen	n excess	100.0
Third Party Excess	0.00	Outside Singapore TP Excess		0.00			
→ Benefits				0.00			
GST Registered Informa	tion						
i51 Registered	No		GST Regis	tration Date			
351 Registration No.			GST Statu	us Verified		No	
todification History							
Policyholder Mailing Add	iress						
Address 1	91 KAKI BUKIT AVENUE 1	Address 2	SHUN LI INDUSTR	IAL PARK	Address 3		ctuc
Address 4		Address Type	Singapore address		Post Code		51NG/
Init No.		Related Policy Number	5091719886-01				7,825
→ O1 Driver Info							
Jriver Name	PANG MOY HOON	Driver Type	Main Driver				
Innamed driver Name		Driver NRIC	S1843608F		Driver DOB	E	24/05
Register Date of Driver License	01/01/1988	Driver Age	65		Driving Exp	perience	30
ontact No.(Mobile)	94505467	Contact No.(Office)			Contact No.	.(Home)	
ddress 1 ddress 4	1A # STILL LANE	Address 2	SINGAPORE 42401	9	Address 3		
init Na.		Address Type	Singapore address		Post Code		42401
loos he own a Singapore							
ogistered car?	Yes + No	Driver Vehicle No.			Driver Insu	rer Company	
eclaration							
ireathalyser or Blood Test Reading?	0 mg	Any injury?	* Yes No				
odfication History							
Claim 001 New					tan and a		
.500.000000000000000000000000000000000				OD-MX *		SEAWALK HARDWAF	RE TRADIN
untact No.(Mobile)					No.		
mail Address					(Home)		
Old On Additional						SKN174C	
Dim Description				SKN174C / SKX8520G ON 16 No	v 2018		
referred Vorkshop 0	Insured Liability Not at South				2502052		
onwet No. Yes	Repair Preferred Workshop, Name	unknown V GIA Received		i			
ate Registered	Option	report Received		16/11/2018 17:51	Claim		
eport Taken By					Date		
				LIEW SHAN HUI			
Print AK letter							
			Save Submit				
Attachment							
4							

Claim No.

001

MT/1020121

Accident No.

Last Dac, Received • Yes No Upload Date 16/11/2018 17:52 Path * Category * Confidential Urgency * Choose File No file chosen * NO Clear Please Select ▼ Normal • Choose File No file chosen Clear Please Select * NO ▼ Normal Choose File No file chosen ▼ NO Clear ▼ Normal Please Select Choose File No file chosen Clear * NO Please Select * Normal Choose File No file chosen Clear * NO Please Select * Normal Chaase File No file chosen • Clear Please Select * NO * Normal Message Read

Attachment L		THURSDAY AND THE I	190000000			
Attachment	U	ploaded By/Date	Category	9	Urgency	Description
200	NAC_PAYA_UBI_800601(NA	OTIONAL ASSESSMENT CENTRE SERVICES) o 6 Nov 2018 17:52	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-11-1
1	NAC_PAYA_UB1_800601[NA 11	TIONAL ASSESSMENT CENTRE SERVICES) 0 6 Nov 2018 17:52	SAS		Normal	SAS 2018-11-16
	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) 0 6 Nov 2018 17:52	Photos		Normal	Photos 2018-11-16
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T PORT	NAC_PAYA_UBJ_800601(NAT 16	TIONAL ASSESSMENT CENTRE SERVICES) o Nov 2018 17:51	Photos		Normal	Photos 2018-11-16
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6	NAC_PAYA_UBI_800601(NAT 16	FIONAL ASSESSMENT CENTRE SERVICES) 0 Nov 2018 17:51	Photos		Normal	Photos 2018-11-16
=	NAC_PAYA_URI_800601(NAT 16	FIONAL ASSESSMENT CENTRE SERVICES) o Nov 2018 17:51	Photos		Normal	Photos 2018-11-16
Video List						
	Uploaded By/Date	Folder Date	,	File Name		? Source

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