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Preferred Wksp / INC Assign Wksp / QW: (*	Tel:	Fax:)
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SINGAPORE ACCIDENT STATEMENT

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.
 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

Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number SMC4117B Insured/Policyholder Name Of Registered Owner NRIC No S7697065C Email Address NOEMAIL Mobile Phone No (LOCAL) +65-83380883 Vehicle Particulars Manufacturer HONDA Wezel HYBRID 1.5 Exact Purpose for which vehicle was being used at time of accident	STATE OF STA	ACCIDENT STATEMENT
Date Of Accident	Date Of Report	04/12/2018 11:31
Country/State of Loss DETAILS OF OWN VEHICLE Vehicle Registration Number Insured/Policyholder Name Of Registered Owner NRIC No S7697065C Email Address NOEMAIL (LOCAL) +65-83380883 OFFICE-83380883 OFFICE-83380883 Alternative Phone No (LOCAL) +65-83380883 OFFICE-83380883 Vehicle Particulars Manufacturer HONDA Model VEZEL HYBRID 1.5 Exact Purpose for which vehicle was being used at intere of accident Are you claiming under your own insurance policy for repair to your vehicle? If No, Please state action to be taken Vehicle Category PRIVATE CAR Insurance Company Name of Insurance Company Type Of Coverage COMPREHENSIVE Fleet Policy NO Policy Number S102418990 Cover Note Number Driver Name of Driver NRIC No S7697065C S267065C S26706C S267065C S267065C S267065C S267065C S267065C S267	Date Of Accident	04/12/2018 06:00
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Fax Number Contact Number OFFICE-83380883	Gender	MALE
Contact Number OFFICE-83380883	Mobile Number	(LOCAL) +65-83380883
Contact visitors	Fax Number	
EMail Address NOEMAIL	Contact Number	OFFICE-83380883
	EMail Address	NOEMAIL

Address

BLK 672B YISHUN AVE 4 #09-548

Postcode

762672

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

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

YES

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

NO

ambulance?

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)

1

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 GIVE WAY LINE ALONG AIRPORT T2 BLVD TO CHECK ON THE 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 SHB4426Z) 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?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHB4426Z

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category Name of Driver

ESMOND LIM POH CHYE

NRIC/Passport Number

S7105779H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 20

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

LEE CHEW SUNG

NECK & BACK

SMC4117B

YES

NO

SKETCH PLAN

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.
- 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.
- 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.
- 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:

Name: NRIC/FIN No.: SKETCH PLAN



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours : Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ADDEN	DUM	
	ERSON MAKING THE AMENDMEN		
Original Report No	:_MNA1181 56684	Vehicle Registration No:	
Name(as shownin NRIC	: LEE CHEW SUNG	NRIC/FIN/Passport No:	57697065C
(*Vehicle Driver / V	ehicle Owner) (*) Please delete as		**
Address	: BLK 672B YISH	UN AVE 4 #09-54	8 Singapore (7626/2
Contact (Tel)	:	Mobile No. :83	380883
Email Address	: NOEMAIL		
Date of Accident	: 04/12/2018	Time of Accident :	06:00
Place of Accident	AIRPORT TZ	BOULEVARD	
Insurance Company	Mr. Turn	Insurance Co-	congrative Ltz
insurance company	γ		
ADDITIONALINFO	RMATION / AMENDMENTS:		
I have made a repo make the following	rt on the above mentioned accide ; amendments:	ent and would like to include a	aditional information or
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No.			
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An'			4/12/2016
Policyholder / Drive Date:	er's Signature	Reporting Centre Pers Name: NRIC/FINNo.:	onnel's Signature

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7697065C



LEE CHEW SUNG (LI QIUSHUANG)

秋

CHINESE

28-07-1976

MALAYSIA







30-10-2006 APT BLK 6728 YISHUN AVENUE 4 #09-548 SINGAPORE 762672

NHIC No: \$7697065C

Date: 01/01/2017

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

Class 2B Motorcycles =< 200 cc
Motor cars with unladen weight =< 3000kg with =< 7
passengers, exclusive of driver; and other motor
vehicles with unladen weight =< 2500kg

NP 428A



eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Language Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 04/12/2018 11:29 Vehicle No.(For Motor) SMC4117B Certificate Number Search Policyholder NRIC Certificate Policyholder Vehicle Commence Date Insured Product Cover Type Select Policy No. Expiry Date Number Name Object LEE CHEW SUNG drivo CLASSIC 5102418990 S7697065C GPC SMC4117B SMC4117B 26/07/2018 25/07/2019 Continue

Claim Handling

Accident MT/1022543						
Policy No.	5102418990	Vehicle No.	SMC41178		GST Registration No.	
Cartificate No.						
Policyholder Name	LEE CHEW SUNG				Policyholder NRIC	\$769
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	93380883	Contact No.(Office)			Contact No.(Home)	
Email Address		Special Remark			eCode	No 1
KFK.	+ No Yes	TCA	. No Yes		eCode Reason	-
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire	Yes
Accident Details						
Roport Date	04/12/2018 16:49	Accident Report Within 24 hrs	Yes		Accident Type	Collis
Date of Accident	04/12/2018	Time of Accident hh:mm	06:00		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	10.50
Accident Location	AIRPORT TZ BOULEVARD					
© Excess						
Own damage Excess	2,000.00	Additional Excess	0		Windscreen Excess	100.0
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		2,000.00	William Excess	100.0
Third Party Excess	1,500.00	Outside Singapore TP Excess		1,500.00		
→ Benefits						
GST Registered Informa	tion					
GST Registered	No		GST Regis	stration Date		
GST Registration No.			GST State		Yes	
Modification History						
Policyholder Mailing Add	dress					
Address 1	8LK 6728 #09-548	Address 2	Charles and Control			
Address 4	SINGAPORE 762672		YISHUN AVENUE 4		Address 3	VINE
Linit No.	09-548	Address Type	Singapore address		Post Code	76267
OI Driver Info	69-340	Related Policy Number	5102418990			
Driver Name	LEE CHEW SUNG (LI QIUSHUANG)	2002				
Unnamed driver Name	ELE CITEM SONG (EL QIOSHONIO)	Driver Type	Main Driver			
Register Date of Driver License	03/03/2003	Driver NRIC	57697065C		Driver DOB	26/07
Contact No.(Mobile)	83380883	Driver Age	42		Driving Experience	15
Andress 1	BLK 6728 #09-548	Contact No.(Office)			Contact No.(Home)	
Address 4	SINGAPORE 762672	Address 2	YISHUN AVENUE 4		Address 3	VINE
Unit No.	D9-548	Address Type	Singapore address		Post Code	76267
Does he own a Singapore						
Registered car?	Yes + No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	a Ver No.			
Readings	8.500m	Cont. address.	« Yes No			
Modification History						
The second secon						
Claim 001 New						
Claim Type +						
Committee of the commit				OD-MX	Name LEE CHEW SUNG	
Contact No.(Mobile)					Contact 67548830	
				45	(Home)	
Email Address				hata73@yahoo.com	OI Vehicle SMC4117B	
					Number	
Claim Description				SMC4117B / SHB4426Z C	N 4 Dec 2018	
Preferred Workshop 0	Insured Liability Not at Sa					
Workshop Booket No. Yes	Preferered Not at Fa * Repair Preferred Workshop,	Name unknown . GIA Goodwal				
Date Registered	Option	Name unknown report Received		-	Claim	
				04/12/2018 16:53	Close Date	
Report Taken By				LIEW SHAN HUI		
Print AK letter						
			Save Submit			
Attachment						
7						
Accident No.	MT/1022543	Claim No.	110	01		
				noc		

		Simple	Jan I		
aut Doc. Received	* Yes No	Upload Date	04/12/2018 16:54		
	Path *		Category *	Confidential	Urgency *
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chment	Up	bloaded By/Date	170 EUR SP 1995-00	63		
			Category	9	Urgency	Description
	NAME AND THE PERSON OF					
	NAC_PATA_UBI_800601(NATI 04 :	TONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:54	NRIC/ Driving License		Normal	NRIC/ Driving License 2018-12-
43	NAC_PAYA_UBI_800601[NAT	IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:54	SAS		Normal	545 2010 12 4
100	1872	Dec 2010 10.34			1.1321101	SA5 2018-12-4
	NAC_PAYA_UBI_BODGO1(NATI 04 /	IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:54	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBJ_800601(NATI 04 I	IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:54	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBI_S00601(NAT) 04 (IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:54	Photos		Normal	Photos 2018-12-4
1	NAC_PAYA_UBI_B00601(NATION OF E	IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UB1_800601(NATI 04 (IONAL ASSESSMENT CENTRE SERVICES) 0 Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601[NATI 04 [IONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
7	NAC_PAYA_UBI_BODGO1{ NATIO	ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
		ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NAT)0 04 D	ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
10 kg	NAC_PAYA_UBI_B00601{ NATIO 04 D	ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NATIO 04 D	ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normai	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NATIO 04 D	ONAL ASSESSMENT CENTRE SERVICES) o Dec 2018 16:53	Photos		Normal	Photos 2018-12-4
	NAC_PAYA_UBI_800601(NATIO 04 D	DNAL ASSESSMENT CENTRE SERVICES) o Nec 2018 16:53	Photos		Normal	Photos 2018-12-4
4	NAC_PAYA_UB1_800601(NATIO 04 D	ONAL ASSESSMENT CENTRE SERVICES) o lec 2018 16:53	Photos		Normal	Photos 2018-12-4
3	NAC_PAYA_UBI_800601(NATIO 94 D	ONAL ASSESSMENT CENTRE SERVICES) o ec 2018 16:53	Photos		Normal	Photos 2018-12-4
List	Uploaded By/Date					Source

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