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OD / TP:// Reporting Only	I-Photo Upload	led			106	
	Assessment/Sur	vey Report				
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Preferred Wksp / INC Assign Wksp / QW: (	A Commence of the Commence of		Tel:	Fax:		
	JP 40455.	. INC(	. )/Non-INC(	)		
Owner / Driver: (	14		Tel:		)	
	iod: (	)	Cover Type: (			
Confirmed by : (		Date:	Time:		)	
Insured/Driver Liability: ( %) [1	lote-Est. Status (W	O): N: 0-2	0%; P: 21-79%. F	2: 80-100%	•]	
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3) Upload Resurvey Photo [Repair Cost>\$3	000] ( )	1				
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#### SINGAPORE ACCIDENT STATEMENT

W. 1

#### IMPORTANT NOTICE

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 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.

Any false reporting may be referred to the Police for investigation.

- 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	07/01/2019 12:04
Date Of Accident	05/01/2019 10:35
Exact Location Of Accident	JUNC OF DEFU AVE 1 & DEFU LANE 10
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GW2680U
Insured/Policyholder	
Name Of Registered Owner	MINT AUTO ENGINEERING P/L
Co Reg No	198900213E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67463338
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE 5DR
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	0089013429-14
Cover Note Number	
Driver	
Name of Driver	CHUA TECK CHWEE
NRIC No	S0223733D
Date Of Birth	20/12/1952
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1973
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97521167
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 224 SIMEI ST 4 #09-104

Postcode

520224

Was driver an employee of the Insured's Company YES

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 (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

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

PLEASE REFER TO ATTACHED 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

SJP4045S

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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:

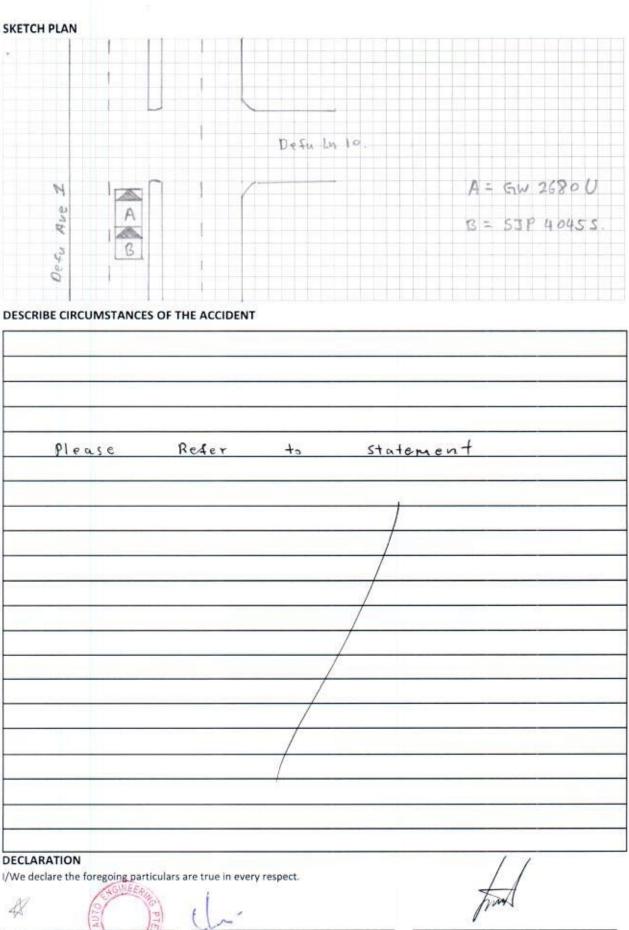
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.
- (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 Centre Personnel's Signature

Name: NRIC/FIN No.:



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.:

I STOP AT THE TRAFFIC JUNCTION OF DEFU AVE 1 & DEFU LANE 10 ON THE RIGHT LANE DUE TO RED LIGHT, ALL OF A SUDDEN I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJP4045S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

# **ACCIDENT STATEMENT**

1.	DETAILS OF VEHICLE					
	a) VEHICLE NUMBER	<u> </u>	W 2680 U		500	
	b)INSURANCE COM	PANY:	IMC	HEROL DILLO		
*	C)POLICY NUMBER:	3.5413.00 day				
	d)POLICY TYPE: (CO	MPREHENSI	VE / THIRD PAR	RTY / THÍRD F	ARTY F	IRE &THEFT)
	e)MAKE & MODEL:_	The state of the s				TO THE REPORT OF THE PARTY.
	f)TYPE:(SALOON / C	OUPE / MPV	/VAN/LORR	Y / MOTORO	CYCLE /	OTHERS)
	g) VEHICLE CATEGO	RY: (PRIVATE	/ COMMERCI	AL / MOTOR	CYCLE	}
	h) PURPOSE OF USING	G AT ACCID	ENT TIME:	working		
	i) ARE YOU CLAIMING	S UNDER YO	OUR OWN INSU	RANCE (YES	(NO)	
	IF NO, PLEASE STATE	(THIRD PAI	RTY CLAIM / RE	PORTING O	NLY)	
2.	INSURED / POLICY H	OLDER	marin ter-West-W	804		
	A)NAME: Mint b)NRIC/FIN/PASSPOI	Auto En	ginecting	P12(N	MALE /	FEMALE)
			3	CONTAC	T: 67	146 3338
	c) ADDRESS:					
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411 0	* CONTINUE TO 3.d IF	DRIVER AL	SO POLICY HO	LDER		
the of passenga (Including driver)	DRIVER	240				
(Including driver)	a)NAME: Chu	Teck	Chwee.	(/	AALE /	FEMALE)
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#### Claim Handling Accident MT/1026718 Policy No. 0089013429-14 Vehicle No. GW2680U GST Registration No. M2008 Certificate No. Policyholder Name MINT AUTO ENGINEERING P/L Policyholder NRIC 198900 Product Code COMMERCIAL VEHICLE INSURAN Cover Type Third Party Loadino 0 Contact No.(Mobile) 6746333R Contact No. (Office) Contact No. (Home) Email Address Special Remark eCode No Y « No Yes TCA » No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire No 20 No Accident Report Within 24 hrs Report Date 07/01/2019 17:47 Yes Accident Type Date of Accident 05/01/2019 Time of Accident hh:mm 10:35 Country of Accident Singapi Reporting Centre Orange Force ICM No: Accident Location JUNC OF DEFU AVE 1 & DEFU LANE 10 **▽** Excess Own damage Excess 0.00 Additional Excess Windscreen Excess 0.00 Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess Outside Singapore TP Excess 0.00 ▽ Benefits GST Registered GST Registration Date 01/01/2015 GST Registration No. M200847768 **GST Status Verified** No Modification History Policyholder Mailing Address Address 1 BLK 1085 #01-58 Address 2 EUNOS AVENUE 7A Address 3 SINGA Address Type Singapore address Post Code 409535 Unit No. Related Policy Number 0089013429-14 OI Driver Info Unnamed Driver Driver Name Unnamed Driver Driver Type Unnamed driver Name CHUA TECK CHWEE Driver NRIC Driver DOB S0223733D 20/12/ Register Date of Driver License Driver Age 26/10/1973 Driving Experience 45 Contact No.(Mobile) Contact No.(Office) 97521167 Contact No.(Home) Address 1 BLK 224 #09-104 Address 2 SIMEI STREET 4 Address 3 SINGA Address 4 Address Type Singapore address Post Code 52022 Unit No. 09-104 Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? Yes . No Reading? Modification History Claim 001 New Insured Name Claim Type \* MINT AUTO ENGINEERING P/L OD-MX Contact No. (Home) Contact No.(Mobile) OI Vehicle Number Email Address GW2680U Claim Description GW2680U / SJP4045S ON 5 Jan 2019 Preferred Preference Liability Not at Fault Workshop Beauer No. Yes Finalisation GIA Received Preferred Workshop, Name unknown Date Registered 07/01/2019 17:49 Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment

Claim No.

⇒ Accident No. Last Doc. Received

● Yes □ No

Upload Date

07/01/2019 17:50

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