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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number

Fax Number 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 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.

- This report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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

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China Special China and Francisco Sciences	ACCIDENT STATEMENT
Date Of Report	29/01/2019 19:48
Date Of Accident	29/01/2019 07:20
Exact Location Of Accident	VISTA EXCHANGE GREEN SLIP RD INTO BUONA VISTA RD
Country/State of Loss	SINGAPORE
And to real length like a real of the last	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1029H
Insured/Policyholder	
Name Of Registered Owner	KANG SUNGSIG
NRIC No	S7364551D
Email Address	SSKANG73@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98240498
Alternative Phone No	OTHERS-97367221
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180K
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	REPORTING ONLY
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	5074890891-03
Cover Note Number	
Driver	
Name of Driver	HEO HYUNWOO
NRIC No	\$77620071
Date Of Birth	20/03/1977
Occupation	INDOOR
Date Of Driving Pass	15/07/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE

(LOCAL) +65-98240498

SSKANG73@GMAIL.COM

OTHERS-97367221

Address

38 DOVER RISE

#14-07

Postcode

138684

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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) involved in the accident

Was any body injured in the Accident?

NO

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)

NO

soliciting/offering accident claims assistance.

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 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

SMG7353U

Vehicle Make/Model/Colour

MAZDA 3

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

HELEN

Contact Number

97513694

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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.:

SKETCH PLAN

MOENA BUOWA VISNA	ROAD
A) SJU1029 H	
B) SMG 73534	VISIN ExcelonAR - GREEN

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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:

Reporting Centre Personnel's Signature NRIC/FIN No.:

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HAC_BURIT_MERAH_800674(NATIONAL AGGESSMENT CENTRE SERVICE Photos Northal Photos 2019-1-30		1-30	Profes 2019-1-30	Normal		Physics	5 (BUKST MERAH)) on 30 Jan 2019 09:33	
NAT BIRT WERE WINESE AND SELECTIONS ASSESSMENT						A455550		
SCHILLET MEAN INDUSTRY, MATIGNAL ASSESSMENT CENTRE SERVICE PROTOS NORMAL PROTOS 2019-1-30		1-30	Photos 2019-1-30	recentual		Pontos	5 (BLIXIT MERAN)) on 30 Jan 2019 09:13	

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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 6 (BUKIT MERAH)) on 38 Jan 2018 09:33	Photos	Normal	Protes 2019-1-30
NAC_MUNIT_MERAM_BODGTS(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAM)) on 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BLACT_MERAH_000676(NATIONAL ASSESSMENT CENTRE SERVICE S (BLIKIT MERAH)) on 30 Jan 2018 09:32	Phonox	Normal	Photos 2019-1-30
NAC_RUNIT_MERAH_BOOKFAL NATIONAL ASSESSMENT CENTRE SERVICE S (RUNIT MERAH)) in 30 Jan 2019 09:33	Photos	Normal	Photos 2019-1-30
NAC_BUKIT_MERAH_BEDGES NATIONAL ASSESSMENT CENTRE SERVICE S (SUKIT MERAH)) IN 30 IM 2019 09:52	Photos	Normal	Phatos 2019-1-30
RAC_BURIT_MERAH_BODE?N) NATIONAL ASSESSMENT CENTRE SERVICE 5 (SAKIT MERAH!) on 30 lat 2019 08:32	Photos	Normal	Photos 2019-1-30
NAC_RUKIT_MEXAH_BIDDE76; NATIONAL ASSESSMENT CENTRE SERVICE S (BLACT MERAH)) on 30 Jan 2019 59:32	Photos	Nurmal	≠notos 2019-1-30
NAC_BUK31_MERAM_BOTE/76; NATTORAL ASSESSMENT CENTRE SERVICE S (BUK37 MERAM)) on 30 Jan 2019 09:22	Photos	Normal	Pluma 2019-1-30
NAC_BUKIT_MERAH_BODIFS(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 July 2015 09:12	SAS	Normal	5AS 2818-3-30
NAC_BUNTT_MERAH, BOOG76(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) or 30 26-2019-09-12	NRGC/ Driving License	Nigerial	NRIC/ Driving Goense 2015-1-10

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Source

Activi

ACCIDENT STATEMENT

ACCIDENT DATE: 129/JOIN 2019 (DD/MM/YYY), TIME: 7 :20 (HH:MM)
LOCATION: NEAR BOUND VISTO MET BOUND MADO
PUD DILLA DE LA
1. DETAILS OF VEHICLE CARRIEN SLIP RD 7. BUDING PICK UP A
a) VEHICLE NUMBER: SJU 1029 H VISTA-
b)INSURANCE COMPANY: NTUC
C)POLICY NUMBER:
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:
f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
TITURE OF USING AT ACCIDENT TIME.
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE IVES INC.
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
A)NAME: Kang Sving 529 (MALE FEMALE)
DINRIC/FIN/PASSPORT: STAGET DE CONTACT: ODA LE DILO I
CIADDRESS: At Dover rue # (4-02 Dover to - View
1343 6616
*CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
Chichedia di a Diname: Heo Hyun was
TOVALE / MENVALEN
() CONTACT: 374620077 CONTACT: 9231-722
CIADDRESS: YO POWER TELL & 14-07 POWER-PARKUTEW
"d) DATE OF BIRTH: 1 > 1 + 0 = 0 USB BULL BURNER
e)OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 15 IN 2010
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED.
S. G) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
DIROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NOT
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
No of passenger a) VEHICLE NUMBER: SMG 7-3+211 MODEL MAZZO 3
No of passenger a) VEHICLE NUMBER: SMG7354 MODEL: MAZDA 3
Including delver) b) DRIVER'S NAME: Helen
() PARTY VEHICLE CONTACT: 9751-3694
18 A DE 1111 1920 PAREERS STORE STOR
OL DRIVENIC MANE
Induding driver) a NIDIO (SINO) ASSESSED
CONTACT:

email = sskong73@gmail.com VIDBO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S77620071



HEO HYUNWOO





8826291

MC No. S77620071

KOREAN, SOUTH

20-01-2007

38 DOVER RISE #14-07 SINGAPORE 138884 S77820071

12/07/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3A Motor cars without clutch podals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg 15 Jul 2010

NP 428A

• eBao Tech										Genera	lClaim
Hello, NAC_BUKIT_MERAH	_800676			-			Chang	e Languag	e • Chan	ge Password	+ Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy I	No.				Date	of Accident		29/01/2019	18:00	1
	Vehicle	No.(For Motor)	51010	SIU1029H Certificate Number			ŧ				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5074890891- 03		KANG SUNGSIG	S7364551D	GPC	drivo CLASSIC	S)U1029H	5JU1029H	18/11/2018	17/11/2019
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