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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	23/02/2019 10:39
Date Of Accident	22/02/2019 17:30
Exact Location Of Accident	KPE TUNNEL B4 EXIT PIE (CHANGI)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGS9840A
Insured/Policyholder	
Name Of Registered Owner	TAN LIK SENG
NRIC No	S1100340J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96349282
Alternative Phone No	OFFICE-96349282
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	ELANTRA
Exact Purpose for which vehicle was being used at ime of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	THIRD PARTY
/ehicle Category	PRIVATE HIRE
nsurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100989165
Cover Note Number	*
Oriver	
Name of Driver	TAN LIK SENG
IRIC No	S1100340J
Date Of Birth	09/03/1955
Occupation	OUTDOOR
Pate Of Driving Pass	13/09/1973
Priving Experience	45 YEARS AND 5 MONTHS
Gender	MALE
fobile Number	(LOCAL) +65-96349282
ax Number	
contact Number	OFFICE-96349282
Mail Address	NOEMAIL

Address

20A JALAN PARAS

Postcode

418883

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

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? Was any injured conveyed to hospital by

YES

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)

Passenger 1

2

NAME:

: ETHAN YONG

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 WAS TRAVELLING ALONG KPE INSIDE THE TUNNEL B4 THE PIE(CHANGI) EXIT. THE TRAFFIC WAS CONGESTED, WHEN I NOTICED VEHIC (BEARING NO SFE2201B) STOP, AS SUCH I FOLLOW TO STOP, ALL OF SUDDEN, I FELT AN IMPACT FROM BEHIND, DUE TO THE IMPACT MY VEH BEEN PUSH FORWARD HIT ONTO VEH C. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SJS6772Y) HIT ONTO MY VEH REAR PORTION, VEH B ALSO HIT BY ANOTHER VEH D(BEARING NO SFX66M). TOTAL 4 VEH INVOLVED IN THE ACCIDENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

HAVENT RETRIEVE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJS6772Y

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

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

SFE2201B

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SFX66M

PRIVATE CAR

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

TAN LIK SENG

NECK & BACK

SGS9840A

YES

NO

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:

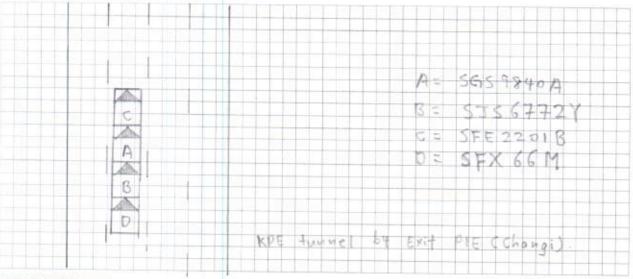
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

olieyholder's Signature

23/2/2019

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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riease	I CAE	٦٥	state ment	===

I/We decise the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time: 23/2/2019

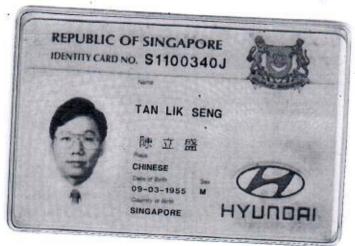
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

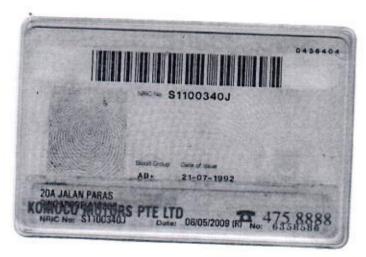
Name:

NRIC/FIN No.:









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 23/02/2019 10:29 Vehicle No.(For Motor) SGS9840A Certificate Number Search Certificate Number Policyholder NRIC Policyholder Vehicle Insured Object Select Policy No. Commence Product Cover Type Expiry Date Name No. Date TAN LIK SENG drivo CLASSIC 5100989165 S1100340J SGS9840A SGS9840A 25/05/2018 28/06/2019 Continue

Claim Handling Accident MT/1033371 Policy No. 5100989165 Vehicle No. SGS9840A GST Registration No. Certificate No. Policyholder Name TAN LIK SENG Policyholder NRTC S1100: Product Code PRIVATE CAR INSURANCE Cover Type drivo CLASSIC Loading 0 Contact No.(Mobile) 96349282 Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No T . No Yes TCA No (Yes eCode Reason NCD Protection No NCD Entitlement(%) 50 Private Hire Accident Details 23/02/2019 14:19 Accident Report Within 24 hrs Yes Accident Type Chain (Date of Accident 22/02/2019 Time of Accident hh:mm 17:30 Country of Accident Singap Reporting Centre Orange Force ICM No. Accident Location KPE TUNNEL B4 EXIT PIE (CHANGI) **▽** Excess Own damage Excess 2,000.00 Additional Excess Ö Windscreen Excess 100.00 Unnamed Driver Excess 0.00 Outside Singapore OD Excess 2,000.00 Third Party Excess 1,500.00 Outside Singapore TP Excess 1,500.00 → Benefits GST Registered Information GST Registered No GST Registration Date GST Registration No. **GST Status Venified** Yes Modification History 20A JALAN PARAS Address 2 SINGAPORE 418883 Address 3 Address 4 Address Type Singapore address Post Code 41888 Linit No. Related Policy Number 5100989165 OI Driver Info Driver Name TAN LIK SENG Driver Type Main Driver Unnamed driver Name Driver NRIC \$11003403 Driver DOS 09/03/ Register Date of Driver License 01/01/1990 Driver Age 63 Driving Experience Contact No.(Mobile) 96349282 Contact No.(Office) Contact No.(Home) Address 1 20A JALAN PARAS SINGAPORE 418883 Address 3 Address 4 Address Type Singapore address Post Code 41888 Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? Reading? * Yes No Modification History Claim 001 New Claim Type * OD-MX Insured TAN LIK SENG Contact No. (Home) Contact No.(Mobile) 96607290 64410226 OI Vehicle Number Email Address SGS9840A Claim Description SGS9840A / SJS6772Y ON 22 Feb 2019 Preferred Workshop Bonuks No. Finalisation Yes Proferered Liability Not at Fault ▼ Repair Option GIA Received Preferred Workshop, Name unknown Claim Close Date Date Registered 23/02/2019 14:22 Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

001

Claim No.

MT/1033371

Attachment

Accident No.

Last Doc. Received

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video List	NAC_PAYA_UBI_800601(NA	TIONAL ASSESSMENT CENTRE SERVICES) o 3 Feb 2019 14:22	Photos		Normal		Phot	tos 2019	-2-23	
	Uploaded By/Date	Folder Date	Fik	Name		9			Source	