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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.
- 5. 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 15:38
Date Of Accident	23/02/2019 14:10
Exact Location Of Accident	101 IRRAWARDY ROAD (ROYAL SQUARE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG1796K
Insured/Policyholder	
Name Of Registered Owner	JAGJIT SINGH S/O MOKAND SINGH
NRIC No	S1737788D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98206809
Alternative Phone No	OTHERS-98206809
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY 1.6EXA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107161110
Cover Note Number	
Driver	
Name of Driver	JAGJIT SINGH S/O MOKAND SINGH
NRIC No	S1737788D
Date Of Birth	22/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98206809
ax Number	Factoria (ned volation - en vide Pacific College Pacific Colle
Contact Number	OTHERS-98206809
Mail Address	NOEMAIL

Address

BLK 112 HOUGANG AVENUE 1

#03-1114

Postcode

530112

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

COLLISION - CHANGE/CROSS LANE

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

2

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) 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

PLS REFER TO THE 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

omore riogical duction ridenibe.

SMH2986X

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

CHEW YUSHENG

NRIC/Passport Number

S8120123D

Contact Number

Jontact Numbi

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

97648261

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 <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.
- 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)

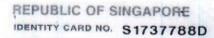
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	B-SMH 2986X
	101 Irrawardy Rd
	ROYAL SQUARE.
	3 A N
CRIPE CIRCUMSTAN	
	CES OF THE ACCIDENT
Vehicle A	was driving along irrawardy Rd Left base
	from Second love cost into my Lone
my danage	is right bumper damage
ARATION	
	articulars are true in every respect.
	1n
declare the foregoing par	- 23/2/·
ARATION declare the foregoing par holder's Signature	1n







JAGJIT SINGH S/O MOKAND SINGH

SIKH Date of birth

Sex M

22-09-1966 Country of birth SINGAPORE









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Hello, NAC_PAYA_UBI_80	0601				- In American	• Chang	ge Languag	e • Chan	ge Password	· Log Ou
My Desktop	Policy Query									C CONTRACT
Notice of Loss	Policy No.				Date	e of Accident		23/02/2019	14:10	
	Vehicle No.(For Motor)	SGG1	796K		Cert	tificate Numb	er			
					Search					
	Select Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	5107161110		JAGJIT SINGH S/O MOKAND SINGH	51737788D	GPC	drivo CLASSIC	SGG1796K	SGG1796K	28/01/2019	27/01/2020
			6950 Ex.35		Continue	1				

Policy Information

Policy No.	5107161110	Policyholder Name	JAGJIT SINGH S/O MOKAND SIN	Policyholder NRIC	S1737788D
Certificate No.				1.00	
Address	BLK 112 #03-1114 HOUGANG A	VENUE 1 SIN	GAPORE 530112		
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N
Policy issue Date	28/01/2019	Effective Date	28/01/2019 00:00	Expiry Date	27/01/2020 23:59
Excess Type	Per Accident	All Claims Excess			
Third Party Excess	1500	Own damage Excess	2000	Windscreen Excess	100
Additional Excess	0	OS Premium	0		
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333	GST Flag	Υ
Co- insurance Flag	No				
Open Policy Info					
Certificate Info					
	older Mailing Address				
Address 1	BLK 112 #03-1114	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530112
Address 4		Address Type	Singapore address	Post Code	530112
Jnit No.		Related Policy Number	5107161110		
▶ Insured	d Object: SGG1796K				
	ements				
Sequenc	e Date of Endorsement	Endor	sement Type Endorsem	ent Status	Endorsement Content

Continue Cancel

Claim Handling Accident MT/1033419

Product Code Contact No.(Mobile) Email Address KFK NCD Protection Paccident Details Report Date Date of Accident Reporting Centre Accident Location Total Excess Applicable Excess Type Per Accident OD Standard Excess Additional Excess Additional Excess Total OD Excess Additional Excess Total OD Excess Applicable Registered GST Registered Information GST Registration No. Modification History Policyholder Mailing Address Address 1 Address 4 Unit No. OI Driver Info Driver Name Register Date of Driver License Contact No.(Mobile) Address 4 Unit No. # 01 Driver Info Driver Name Register Date of Driver License Contact No.(Mobile) Address 4 Unit No. # 03-1114 Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading? O mg	2,000.00 0.00 0.00 2,000.00	Cover Type Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	SGG1796K drivo CLASSIC 0 No Yes 0 Yes 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address 5107161110	Policyho Loading Contact eCode eCode R Private H Accident Country ICM No.	No.(Home leason Hire type of Accider Yes
Policyholder Name Product Code	INSURANCE 9:45 2,000.00 0.00 2,000.00 No	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	Ves 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address	Loading Contact eCode eCode R Private H Accident Country ICM No.	No.(Home leason Hire t Type of Accider Covered?
Product Code Contact No.(Mobile) PRIVATE CAR Contact No.(Mobile) PREVATE CAR P	INSURANCE 9:45 2,000.00 0.00 2,000.00 No	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	Ves 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address	Loading Contact eCode eCode R Private H Accident Country ICM No.	No.(Home leason Hire t Type of Accider
Contact No. (Mobile) 98206809 Email Address KFK	2,000.00 0.00 0.00 2,000.00	Contact No. (Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	Ves 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address	Contact eCode eCode R Private I Accident Country ICM No. Driver is	No.(Home leason Hire type of Accider Yes
Email Address KFK NCD Protection No Accident Details Report Date 25/02/2019 0 Date of Accident 23/02/2019 Reporting Centre Accident Location 101 [RRAWAR Total Excess Applicable Excess Type Per Accident OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable Benefits GST Registered Information GST Registered GST Registration No. Modification History Policyholder Mailing Address Address 1 BLK 112 #03-1 Address 4 Unit No. OI Driver Info Driver Name JAGJIT SINGH Denamed driver Name Register Date of Driver License 31/12/2016 Contact No. (Mobile) 98206809 Address 4 Unit No. #03-1114 Address 6 Unit No. #03-1114 Address 6 Unit No. #03-1114 Address 7 Coleration Cole	9:45 DY ROAD (ROYAL SQUARE) 2,000.00 0.00 2,000.00	Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	Ves 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address	eCode eCode R Private H Accident Country ICM No. Driver is	deason Hire t Type of Accider Covered?
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Report Date 25/02/2019 0 Date of Accident 23/02/2019 Reporting Centre Accident Location 101 [RRAWAR Total Excess Applicable Excess Type Per Accident OD Standard Excess YIED OD Excess Additional Excess Total OD Excess Applicable Benefits GST Registered Information GST Registered GST Registration No. Modification History Policyholder Mailing Address Address 1 BLK 112 #03-1 Address 4 Unit No. OI Driver Info Driver Name JAGJIT SINGH Unnamed driver Name Register Date of Driver License 31/12/2016 Contact No.(Mobile) 98206809 Address 1 BLK 112 Address 4 Unit No. #03-1114 Does he own a Singapore registered car? Declaration Breathalyser or Blood Test teading? O mg	2,000.00 0.00 0.00 2,000.00	Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Windscreen Excess TP Standard Excess YIED TP Excess Total TP Excess Applicable Address 2 Address Type Related Policy Number	Yes 14:10 100.00 1,500.00 0.00 1,500.00 GST Registration Date GST Status Verified HOUGANG AVENUE 1 Singapore address	Accident Country ICM No.	Type of Acciden
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Registered car? Declaration Greathalyser or Blood Test 0 mg Reading?		ASSESSED MANAGEMENT	Singapore appress	Post Code	100
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lodification History		Any injury?	Yes No		
Claim 001 OD-MX New					
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Claim Handling(accident reporting Claim Task 001 OD-MX) Report Taken By Workshop Repaire Print AK letter Save Submit Attachment Accident No. MT/1033419 Claim No. Last Doc. Received ● Yes ○ No Upload Date 25/02/2019 09:45 Path * Category * Confidential Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Message Read Attachment List Attachment Uploaded By/Date Category Urgency Des NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 10:02 NRIC/ Driving License NRIC/ Driving I NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on SAS Normal SAS 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos Normal 25 Feb 2019 09:59 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 25 Feb 2019 09:59 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 25 Feb 2019 09:59 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 25 Feb 2019 09:59 Normal Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on Photos 25 Feb 2019 09:59 Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 25 Feb 2019 09:59 Photos Photos







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