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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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
- 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 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 loggement 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

14 MEST 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	ACCIDENT STATEMENT
Date Of Report	25/02/2019 16:29
Date Of Accident	25/02/2019 13:55
Exact Location Of Accident	ALONG VICTORIA STREET TOWARDS OPHIR ROAD
Country/State of Loss	SINGAPORE
受耗 沒 別題目 计图图 沿海域的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDA5551R
Insured/Policyholder	
Name Of Registered Owner	NG AH SUAN DORIS
NRIC No	S1243332H
Email Address	HANCARREPAIRS@GMAIL.COM
Mobile Phone No.	(LOCAL) +65-96319039
Alternative Phone No	OTHERS-98185221
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	CAMRY-2.0 (A)
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5099520014
Cover Note Number	
Driver	
Name of Driver	TAN SOO LEONG
NRIC No	S0240342J
Date Of Birth	29/12/1954
Occupation	OUTDOOR
Date Of Driving Pass	13/07/1973
Oriving Experience	45 YEARS AND 7 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-96319039
ax Number	and services and the angle of the services of
Contact Number	OTHERS-98185221
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HANCARREPAIRS@GMAIL.COM

Address

1 LEICESTER ROAD

#06-11

Postcode

358828

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

SIDE SWIPE

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 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)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLG4497U

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)

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 Bersonnel's sign

Name:

NRIC/FIN No.

Section of the contract of the
I was travelling along Victoria Street turning right to ophiv Road
on 25/2/19 at 155pm
Whilst I was making my turn and keeping to my lane,
Venice B cut into my lane and hit outo me.

DECLARATION

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:

Reporting Centre Personners Signature
Name:
NRIC/FIN No.:

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Upleaded By/Date

2/25/20	319		Claim Handling(ac	cident reporting Clain	Tack)
	1	NAC_BURIT_MERAH_BUGSTRI NATIONAL ASSESSMENT CENTRE SERVICE S (BORIT MERAH)) on 29 Feb 2019 17:28	Profes	huma	Protes 2019-7-24
	26	NRC_BURIT_HERAH_8006/96/ (NATIONAL ASSESSMENT CENTRE SERVICE S. (BURIT MERAH)) on 25 Peb 2010 17:28	Photos	Normal	Praiss 2019-2-25
		NAC, BUNIT, MERAH, BOOKTEL NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUNIT MERAH) on 25 Feb 3019 17-38	Philips	Normal	Photos: 2019-3-75
1	9	WAC_BURIT_HERAH_BODE76; NATIONAL ASSESSMENT CENTRE SERVICE B (BURIT MERAN)] on 22 %0 2019 17:28	Photos	hormal	Fining 2019-2-25
Ĭ,		NEC_BLAST_MERAM_RODOTE NATIONAL ASSESSMENT CENTRE SERVICE 3 (BLAST MERAM)) on 25 Feb 2018 17 26	Pintag	Name	Photos 2019-2-25
		AMC_BURIT_MERAIN_BORDEN NATIONAL ASSESSMENT CENTRE SERVICE \$ (RURST, MERAIN); on 25 feb 2023, 17-28	Photos	Weemal	#1mine 2519-2-25
-		NAC_BURIT_HERAM_RIDGENC NATIONAL ASSESSMENT CENTRE SERVICE B (INJAIT MENAM)) on 25 Feb 2013 17:28	NRICI Driving Gense	Normal	NRIC/ Citying Ucesse 2019-2-25
4	13	NAC_BURIT_PERAN_BOOD/6(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAN)) on 25 Feb. 2019 17:29	SAS	Normal	548 2019-2-25
T Vide	ee Lies				

Publish Date

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Source.

Action

PERSONAL PARTICULARS

Date of Accident: 25/52/2019 Time of Accident:	1:55 P(24Hrs)
Vehicle No: 5DA 555 /R Vehicle Make/Model:	Canny 2.0A
Exact Location of Accident: Victoria Street ophin	Road
Owner's Name/NRIC: Mg Ah Sugn Don's /513	243332H
Driver's Name/NRIC: Tan Sas legg I (No:	S0240342 J.
Driver's Contact: 98185221 Insurance Co & Pol	icy No: NTUC Ins .
Driver's Email Address: hancar repairs Ogmai	1. am
Relationship between Owner & Driver: Spouse/Children/Friend/Parents	/Others specify:
What do you wish to claim (Please circle one only) 1) Own Insurance 2) Other Vehicle (The one you want to claim again	ainst) 3) Reporting (For Recording Purposes)
Exact Purpose for which the vehicle was being used at time of a Private User/ Work Purpose	ccident? (Please circle one only)
Weather Condition & Road Conditions?	
Clear & Dry Y Raining & Wet / After-Rain & Wet / Drizzling & We	et
Occupation Indoor / Outdoor	
Any Injuries? (MC of 3 Days or more, police report is required)	
Yes / No If Yes, which police station?	
The Other Party (Vehicle B) Details	-171
Driver's Name/IC:	Vehicle No: 5 444974
Insurance Company:	Driver's Contact:
(If more than 2 vehicles involved, please indicate the other par	ty vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (If Any):	Contact:
Preferred Workshop (If Any):	Contact:
* If no proper document are produced, IDAC should not file the re-	nort

^{*} Information will be discarded after one week.



Licence Number: S0240342J

TAN SOO LEONG

Brth Daw 29 Dec 1954 tissue Date: 19 Apr 2017



DENTITY CARD NO. SOZ40342J





TAN SUD LEONG

CHINESE 29-12-1954

SINGAPORE

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

EFFECTIVE DATE

Class 3 13 Jul 1973

Class 4 06 Apr 1979

Motor cars with unladen weight =< 3000kg with << 7 passengers, exclusive of driver; and other motor vahicles with unladen weight =< 2500kg Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg



19-11-2007

1 LEICESTER ROAD #06-12 SINGAPORE 358828

MRIC No: S0240342J

Date: 11/07/2008

No. 5927413

NP 428A



Continue

eBaoTech GeneralClaim - Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Folicy No. Date of Accident 25/02/2019 16:28 Vehicle No.(For Motor) SDA5551R Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Product Cover Type Insured Commence Date Explry Date No. Object NG AH SUAN DORIS 0 5099520014 drivo CLASSIC S1243332H GPC SDA5551R SDA5551R 10/04/2018 15/04/2019