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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.
- 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.
- 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	28/02/2019 15:40
Date Of Accident	21/01/2019 20:45
Exact Location Of Accident	AMK AVE 5 JUNC WITH YIO CHU KANG RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME5962K
Insured/Policyholder	
Name Of Registered Owner	GUAN ZHI JIE
NRIC No	S9171653D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84886288
Alternative Phone No	OFFICE-84886288
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C180
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	5104259435
Cover Note Number	5
Driver	
Name of Driver	GUAN ZHI JIE
NRIC No	S9171653D
Date Of Birth	19/08/1991
Occupation	INDOOR
Date Of Driving Pass	10/04/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84886288
Fax Number	
Contact Number	OFFICE-84886288
EMail Address	NOEMAIL

Address

BLK 683B EDGEDALE PLAINS #06-697

Postcode

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 - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

NO 2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

NO

If Yes, Please state which Police Station

NO

If Yes, against whom?

Circumstances of Accident

Was notice of intended Prosecution given?

I STOP BEHIND VEH B DUE TO TRAFFIC LIGHT INFRONT, WHEN I NOTICED VEH B STARTED TO MOVE, AS SUCH I FOLLOW TO MOVE, ALL OF A SUDDEN, VEH B STOP, I MANAGE TO STOP BUT STILL TOUCH ONTO THE VEH B REAR PORTION, NO SERIOUS DAMAGE ON OUR BOTH VEH.

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

SLQ743H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

PRIVATE CAR

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.
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- 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.

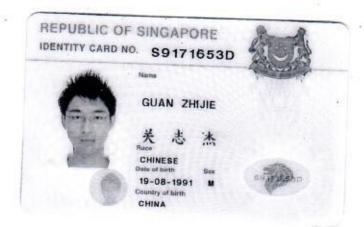
Policyholder's Signature Date & Time:

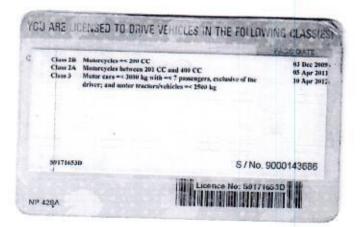
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: NRIC/FIN No :

SKETCH PLAN		
VI		
Vio Chie Koing Rol		
		A = SME SAG2K
		13 = SLQ 743 H.
	8	
	A	
	A	MIK Ave S
DESCRIBE CIRCUMSTANCES	F THE ACCIDENT	
Please	Rofer to	statement
ritase	20127 10	State on Ever
		,
6		
DECLARATION		
I/We declare the foregoing partic	lars are true in every respect.	1 1
to the second		\mathcal{L}
2		min
Policyholder's Signature	Driver's Signature (If driver is not the policyholder	Reporting Centre Personnel's Signature Name:
Date & Time:	Date & Time:	NRIC/FIN No.:









eBaoTech									Genera	alClaim	
Hello, NAC_PAYA_UBI_80	0601			No. of Concession, Name of Street, or other party of the Concession, Name of Street, or other pa			• Chang	e Languag	e • Chan	ge Password	› Log Ou
Notice of Loss	Poli	cy Query									853
	Policy I	No.			Date of Accident				21/01/2019 15:37		
	Vehicle	Vehicle No.(For Motor) SMES		5962K		Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence	Expiry Date
	0	5104259435		GUAN ZHI JIE	S9171653D	GPC	drivo CLASSIC	SME5962K	- was will be the work	05/10/2018	04/10/2019
						Continue	1				

LKK Paya Ubi

From:

ODsupport < ODsupport@income.com.sg>

Sent:

Friday, 1 March 2019 9:20 AM

To:

LKK Paya Ubi

Subject:

RE: CLAIMS NUMBER MT/1029146 VEH NO SME5962K

Hi Shan Hui,

File uploaded. Kindly quote this claim number MT/1029146-001 for billing.

Thanks.

With Regards

Cynthia Ang

Admin Assistant

Motor Insurance

T+65 6430 7900

www.income.com.sg











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From: LKK Paya Ubi [mailto:rspu@lkkauto.com] Sent: Thursday, 28 February 2019 4:05 PM To: ODsupport <ODsupport@income.com.sg>

Subject: FW: CLAIMS NUMBER MT/1029146 VEH NO SME5962K

Hi All,

Above mentioned vehicle, Ebao cannot created. Attachment is the photo, GIA report and driver IC & DL. Please give me the claims number to billing the invoice.

Thank

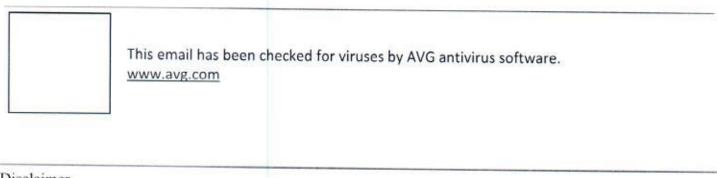
Best Regards,

Shan Hui | Admin

National Assessment Centre Services (LKK Group)

Phone: 6841-0055 | email: rspu@lkkauto.com | fax: 6841-6315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



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