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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 <u>truthful</u> and <u>accurate</u> 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.
- 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

Date Of Report 11/03/2019 11:41 Date Of Accident 18/01/2019 06:50 Exact Location Of Accident 173 AMK AVE 4 EXIT GANTRY Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number BBD9808M Insured/Policyholder Name Of Registered Owner ONG KIM SUN Co Reg No 07653000X Alternaliders NOEMAIL Mobile Phone No OFFICE-64432445 Vehicle Particulars OFFICE-64432445 Wanufacturer Modol DYNA Exact Purpose for which vehicle was being used at time of accident. TOYOTA Modol DYNA Exact Purpose for which vehicle was being used at time of accident. TOYOTA I'm of Jung Under your own insurance policy for repair to your vehicle? NO If No, Please state action to be taken REPORTING ONLY Vehicle Category COMMERCIAL VEHICLE Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD Type Of Coverage COMPREHENSIVE Fleet Policy		ACCIDENT STATEMENT
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Fax Number Contact Number	Gender	MALE
Fax Number Contact Number	Mobile Number	(LOCAL) +65-97808741
The control of the co	Fax Number	
EMail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address BLK 173 AMK AVE 4 #02-713

Postcode 560173

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

5

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s)

200600

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

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 EXITING FROM MY HOUSE AT BLK 173 AMK AVE 4, WHEN EXITING TO THE GANTRY, MY VEH RIGHT HAND SIDE MISJUDGED GRAZED ONTO THE GANTRY IU READER BOX.

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

Vehicle Make/Model/Colour

GANTRY IU READER BOX

Details Of Properties

Vehicle Category

GOVERNMENT

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 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:
 - (i) 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.

HO2-04 SINGAPORE 486121 TEL 64432445

Policyholder's Signature Date & Time: 3 7 K

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

Reporting Centre Personnel's Signature Name:

Name: NRIC/FIN No.:

GSARRE SERVERBANCETT, V3

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			Secretary Secretary		
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ECLARATION We declare the foregoing p					

Policyholder's Signature Date & Time:

ONG KIM SON

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

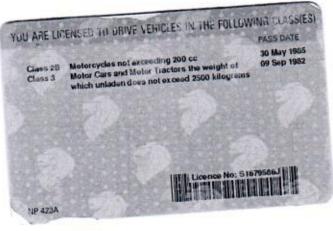
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Reporting Centre Personnel's Signature Name:









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	Vehicle	No.(For Motor)	GBD	9806M		С	ertificate Number				
						Searc	:h				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No	Insured Object	Commence Date	Expiry Date
	9	5092832146- 01		ONG KIM SUN	07653000X	GCV	Comprehensive	GBD9806M	GBD9806M	13/08/2018	12/08/2019



Our Ref: MT/CA/TP/059/1033232-001/A/VU

22 Feb 2019

ONG KIM SUN BLK 3017 #02-04 BEDOK NORTH AVENUE 4 SINGAPORE 486121

Dear Policyholder

CLAIM NUMBER: MT/1033232-001
ACCIDENT INVOLVING GBD9806M / PROPERTY on 18 Jan 2019

We would like to inform you that a claim for \$\$3,584.50 has been made against your motor policy.

We need to respond to this claim within seven days. We would appreciate it if you could provide us:

- a. additional evidence, if any, such as accident photographs, video clips or witnesses' statement
 - b. information on whether you are making a claim against the other party

We wish to remind you that under this motor insurance policy, you are required to report the accident, whether there is damage or not, within 24 hours or the next working day after the accident at any of our reporting centres. If you have not done so, please report this accident to us immediately. Otherwise, we regret to inform you that we may not be able to handle the claim on your behalf.

You need not respond to us if you have already reported the accident and do not have any further information.

We wish to remind you not to admit liability, make offer or payment without informing us and getting our approval. If you are making a claim against another party or have instructed your workshop or lawyers to act on your behalf, please update us on the developments. This is important as any liability undertaken by you may have serious implication on the third party claim against you, and may result in us not being able to handle the claim for you.

BIR 174 Ave

If you have any queries, please contact our Customer Service Officers at 6788 6616 or email us at motor@income.com.sg.

Yours sincerely

Goh Peng Hong

Manager

Motor Insurance

Claim Handling

2146-01 4 SUN RCIAL VEHICLE INSURAN Ves 019 14:31 019 rator 5 CARPARK (BLK 174 ANG MO KIO AVE 4 600:00 0:00 Vac 07653000X 22/02/2019 14:48:26 Karthlyn Y 22/02/2019 14:48:26 Karthlyn Y	Cover Type Contact No.(Office) Special Remark TCA NCD Entitlement(%) Accident Report Within 24 hrs Time of Accident hh:mm Orange Force Additional Excess Outside Singapore OD Excess Outside Singapore TP Excess	GST Statu	stration Date	Policyh Loadin; Contac eCode eCode Private Accider Countr ICM No	No.(Home) Reason Hire It Type of Accident	No v Not av Collide
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Photos

Folder Date

Video List

Uploaded By/Date

Display in New Window Scan and uploading

Photos 2019-3-11

Source

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