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TP Insurer:		o Owner/Wksp	_	
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TP Painticulars: Veh No: 650 2437 J	. INC(	)/Non-INC(	), .	
Owner / Driver: (		Tel:	·	)
Policy No: ( ) Period: (	)	Cover Type: (		<u>).                                    </u>
Confirmed by : (	Date:	Timer		)
Insured/Driver Liability: ( %) [Note-Est. Status (	(WO): N: 0-2	0%; P: 21-79%. I	2: 80-100%]	
Year of Registration: ( ) Warranty: YES (	)/NO(	)		
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3) Upload Resurvey Photo [Repair Cost > \$3000] (	<u>) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;</u>		ل-نه	
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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.
- 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.

(1998年) (1997年) (1997年) (1997年) (1997年)	ACCIDENT STATEMENT
Date Of Report	13/03/2019 16:43
Date Of Accident	02/01/2019 14:10
Exact Location Of Accident	TAMPINES ROAD TOWARDS HOUGANG AVENUE 3
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJL9230L
Insured/Policyholder	
Name Of Registered Owner	TIEW KYE JIE
NRIC No	S9170108A
Email Address	TIEWKYEJIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96876692
Alternative Phone No	OTHERS-96876692
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	5104400834
Cover Note Number	
Driver	

#### Driver

 Name of Driver
 TIEW KYE JIE

 NRIC No
 S9170108A

 Date Of Birth
 01/04/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 16/09/2009

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96876692

Fax Number

Contact Number OTHERS-96876692

EMail Address TIEWKYEJIE@GMAIL.COM

Address

81 TAMPINES AVENUE 1

#08-18

Postcode

528685

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

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?

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?

YES

Was any other material or property damaged?

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?

NO

## **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

GBD3437J

Vehicle Make/Model/Colour

NISSAN NV350

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

KASHRUL MOHAMAD

NRIC/Passport Number

S9449269F

Contact Number

97526013

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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:

- 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:
  - (i) 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
- 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.
- 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.

Policyholder's Signature

Date & Time

Driver's Signatu

(If driver is not the policyholder)

Date & Time:

13/03/19.

16:13

Reporting Centre Person

NRIC/FIN No.:

Accident MT/1026308										
Policy No.	\$104400834	Vehicle tvo.	\$31,92350		GST Beni	stration No				
Certificate No.					and resp.	10 4000 140	A-C			
Slicyholder Name	TIEW KYE JIE				Policyhold	an Marin		10000	2000	
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading	EL MAGE		591701	084	
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NCD Protection	No	NCD: Entitlement(%)	0.00		Private Hi			tore and	Martin	
Accident Details								Not ava	HARDIE	
eport Date	04/01/20[9 10:46	Accident Report Within 24 hrs	Yes		Accident 1	No.		E.W		
ace of Accident	02/01/2019	Time of Accident hhomm	14:10		Country o				n + Hoad to	Rear
Reporting Centre		Orange Force			ICM No.	HILIDER		Singapo	17e	
Accident Location	TAMPINES ROAD TOWARDS HOUGANG AVE 3									
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Third Party Excess	0.00	Outside Singapore TP Excess		0.00						
Benefits										
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ST Registration No.				as Verified		res				
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<ul> <li>Policyholder Mailing / ddress 1</li> </ul>		201-15								
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Init Na	OR-LS	Address Type	Singapore address		Post Code			528685		
OI Oriver Info	April	Related Policy Number	510#400834							
Oriver Name		Driver Type								
Innamed driver Name		Driver NRIC			Del					
ogister Date of Driver Ucons	#1	Driver Age			Driver DO					
Contact No.(Mobile)		Contact No.(Office)			Driving Ex					
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legistered car?		Little Valletin (1991)			Driver Ins.	ver Comp	any			
leim Type * untact No.(Mobile)				GG-MX 96876692	Name Contact	TIEW KYE 67604187			Insured NRIC Contact No.	\$9170108A
mail Apdress					(Home) 0(				No. (DMICE) TP	
				TIEWKYEJIE@GMAIL.COM	Vehicle Number	53L9230L			Vehicle Number	G8034371
daim Description				5JL9230L / GBD34373 ON 2 II	in 2019				Name of Preferred	
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## Claim Handling( Claim Task )

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NAC_BUKIT_MERAH_800676( NATIONAL ASSESSMENT CENTRE SERV S (BUKIT MERAH)), on 13 Mar 2019 16:42	VICE Photos	Normal	Photos 2019-3-13	

Display in New Window Scan and uploading

# ACCIDENT STATEMENT

ÁCO	CIDENT DATE	102/01/	19 )(DD/M	M/YYYY), TIME:(	14: 60	(MM:H
	ATION:	Tampines	10	Towasos	900	
1	. DETAILS	OF VEHICLE				
	a) VEHICL	E NUMBER:	556 9230	oL.		9 10
	b)INSURA	NCE COMPAN	Y: NTUC	INCOME		
	c)POLICY	NUMBER:	1000			
	d)POLICY	TYPE: COMPR	EHENSIVE TH	IRD PARTY / THÍR	D PARTY FIRE 2	TLICETI
	PIMMYER	MODEL:	(1240	TA MADE		
	T)TYPERSA	LOON / COUPE	/MPV/VAN	/IOPPY / MOTO	DECYCLE / OTH	FRS!
	'al Action	CATEGORY: (E	KIVAIR/ COM	MERCIAL / MOI	TORCYCLE)	-,,0/
	II) PURPOS	E OF USING AT	ACCIDENT TIM	IE: PERSU	VAC.	
	) ARE YOU	CLAIMING UNI	DER YOUR OW	N INSTIDANCE	(Alon)	
	IF NO, PL	EASE STATE (THI	RD PARTY CLA	IM PEPORTING	ONLY	
2.	INSUKED !	<b>POLICY HOLDE</b>	R			(*)
	A)NAME:_	TIGN K	YE JIE		MALE FEM	
	b) NRIC/FI	N/PASSPORT:	sar force,	CONT	ACT: 9687	6192
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8.	THIRD PARTY	VEHICLE	-111-01106317	KIION:		
No of passenger	a) VEHICL		3BD 3437	J. MODEL	:_ NV 350	1.
Inducting driver)	b) DRIVER		SHRUL AN	MODEL	- NV 32C	
( )	c) NRIC/FI	N/PASSPORT:	594492	69F CONTA		6013
9.	THIRD PARTY	VEHICLE	III MARKANIA ARABANIA			1
No of passenger	d) VEHICL			MODEL		
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" aniver)	f) NRIC/FI	N/PASSPORT:	-Vereing	CONTA	CT:	-
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13176-0						

email = Trankyejie agmail an

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$91701084

Name



TIEW KYE JIE

張 轨

CHINESE

01-04-1991

Country of birth MALAYSIA





NRIC No. S9170108A

10-06-2008

81 TAMPINES AVENUE 1 #08-18 SINGAPORE 528685

NRIC No: \$9170108A

Date: 02/08/2015

YOU ARE LICENSED TO GRIVE VEHICLES AT THE FOLLOWING CLASSIES)

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg



NP 428A

0231359

Continue

eBaoTech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 02/01/2019 16:14 Vehicle No.(For Motor) SJL9230L Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle No. Commence Product Cover Type Insured Expiry Date Object Date drivo CLASSIC 5104400834 TIEW KYE JIE S9170108A GPC SJL9230L SJL9230L 05/10/2018 04/10/2019