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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

EMail Address

- 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.

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.

2000年代 1000年度 医克勒克斯氏试验检	ACCIDENT STATEMENT
Date Of Report	13/03/2019 17:24
Date Of Accident	03/03/2019 22:20
Exact Location Of Accident	PETIR ROAD TOWARDS UPPER BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
<b>为此。从他们虽然是国际通过</b>	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJE3774K
Insured/Policyholder	
Name Of Registered Owner	YOU PEI
NRIC No	S7187440J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97342951
Alternative Phone No	OTHERS-97342951
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being u time of accident	sed at PRIVATE USE
Are you claiming under your own insurance p for repair to your vehicle?	policy 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	5100447368
Cover Note Number	
Driver	
Name of Driver	ERIK LIM GHEE CHEONG
NRIC No	S6802951A
Date Of Birth	13/01/1968
Occupation	INDOOR
Date Of Driving Pass	24/03/1988
Driving Experience	30 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97342951
Fax Number	

OTHERS-97342951

NOEMAIL

Address

BLK 118 PASIR RIS STREET 11

#08-513

Postcode

510118

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle

SPOUSE

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 NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

soliciting/offering accident claims assistance.

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

SHA525C

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

TAXI

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.
- 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.
- 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
- 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)
  - (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
- (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.

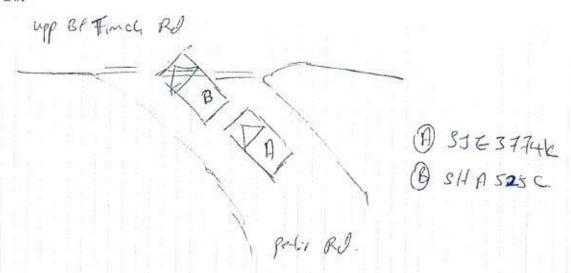
(If driver is not the policyholder)

Date & Time:

Reporting Centre Pers

Name: NRIC/FIN No.:

Policyholder's Signature Date & Time:



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Boxt MENTION DATE & Time, I WAR TENERUNG ALONG PETIR ROAD TOWNER
UPP. BUTOIT TIMAH. WHEN IT THE SUP ROAD, VECHTEE B CITY CAB INFICENT SUSTEMLY PROPPED.
I CHOP ACCOPORATE WHOTEVALLE CONTACT INTO VEHICLE B LEVE BUTION. WE GOT
DOWN FROM ONE VEHICLE, VEHICLES DRIVER CANY LOOKED AT HIS VEHICLE. PHEEL WAS NO
LICIBLE DAMAGE GOT AND THE DRIVE GAYS THAT IT ON BUT REGULET MY WRIC AS TO
RECORD PRIETORIS OUM. ON I 3 19 LATE APTENDED I CALLED CITY CAR CLAIM DEPT. TO CHEE
ON THIS VEHICLE AS I WANTED TO CETTLE PRIVATELY BECAUSE I WAS COCKIED THAT THEY
WILL CLAIM AGNING my VECHICLE FORMANCE CITY OR REPLY THAT THEPE WAS NO RECOVER.
OF ACCIPINT REPORT FOR SHA 525C. THEN ON 8/3/19 1 CALLED AGAIN, AN OFFICER BYT
WAST WANT OF MOIN WON'T CAYL WAY THAT. THESE WHEE 100 PRIORD OF LIKE ACCIONT PROPORT
FOR SHA 525 C.
( WIGH TO CHARE THAT , I WANTED TO SETLL PRIVATED , WITH VEHICLE B AS THE DAMAGE.
18 TOO MIDOR AND NOTE VIGBLE PANAGE. I AM FIRMAN THE REPORT OWN WHEN I
PECELIVE THE NTUC LETIER.
ECLARATION

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 Personnel's Signatur NRIC/FIN No .:

cident HT/1035809	and the same of th	rehicle No.	S1E3774K		GST Registration No.		
Rey No. refleate No.	5100447368 V	Circle 140.	Care Service		10-31-00-00-00-00-00-00-00-00-00-00-00-00-00		
licyholder Name	VOU PILL				Palicyholder NRJC	571874403	
ouct Code		over Type	drive CLASSIC		Loading	0	
stact No (Nobile)		Contact No.(Office)			Contact No.(Home)		
usl Address		pecial Remark			eCope	No V	
ant Audoresia		CA	No. Yes		«Code Reason		
D Protection		ICD Entitlement(%)	ū		Private Hirs	No	
Accident Details	NN						
		Accident Report Within 24 hrs	Yes		Accident Type	Collision + Head to Rear	68
port Deta		time of Accident hhimm	22:20		Country of Accident	Singapore	
te of Accident	23/1/24/41		22.20		ICM No.	(FCD-405C-ID	
porting Centre		Orange Force			100		
cident Location	PETIR ROAD TOWARDS UPPER BUKIT TIMAH ROAD						
Excess					Mariana Process	100.00	
in damage Excess	.000.00	Additional Excess	0	5951595657	Windscreen Excess	200.00	
named Driver Excess		Dutside Singapore OD Excuss		600.00			
rd Party Excess	0.00	Dubside Singapore TP Excess		0.00			
Benefits							
GST Registered Informa	tion			200200			
T Registered	No		GST Registri		1944		
T Regratration No.			GST Status	ventes	Yes		
dification History							
Policyholder Mailing Ade					Address *	WHICH BODE THE LOW	
idress 1	HLK 118 #08-513	Address 2	PASIR RIS STREET 1	11	Address 3	5INGAPORE 516118	
Idness 4	Service Company Service	Address Type	Singapore address		Post Code	510118	
WE FNO.		Related Policy Number	5100447368				
OI Driver Info							
Iver Name	Erik Lim Ghee Cheang	Driver Type	Hein Driver				
named driver Name		Driver NRIC	\$6803951A		Driver DOB	13/01/1968	
igniter Date of Driver Ucense.	24/03/5988	Driver Age	53		Orlving Expenence	30	
intact No.(Motive)		Contact No.(Office)			Contact No.(Home)		
ddress t		Address 2			Address I		
idress 4		Address Type	Foreign address		Post Code		
nit No.							
oes he own a Singapore	Nes - No	Driver Vehicle No.	SIE37744.		Driver Insurer Company	NTUC	
egistered car?	Yes - No	Control Vallace / Wall	2000				
Claim 001 New							
				00-900	Insured WOU PEL     Name	Insured S	\$7187440)
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Claim Type * Contact No.(Mobile)				(2.7620)	Context No. (Home)	NRIC Contact (No. (Office)	571874403 SHA525C
Jam Type * Contact No.(Mobile) Emgli Address				83388817 e.nk@live.com	Contact No. (Homes) Ot Vehicle S3E3774K	NRIC  Contact No. (Office)  TP  Vehicle Number  Name of	
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# Claim Handling(accident reporting Claim Task )

			File Nar	ne	Source
	Uploaded By/Date	Folder Date	55 M 1966		
Video List					NR3C/ Driving License 2019-3-13:
* 1.600 \$18	NAC_BURIT_MERAH_BCCE76( N \$ (BURIT MERA)	ATTONIAL ASSESSMENT CENTRE SERVICE 131 on 13 Mar 2019 18:00	NRIC/ Driving License	Normal	MBSC/ Outcome Common Co
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7.00			- mining (at	cident reporting Ciai	m lask )

Display in New Window Scan and uploading

Email: Sm@idac.com.sg Tel no: 6555 6888
\*If no proper documents are produced, IDAC shall not file the report. Information will be discarded after one week.

03 33 Personal Particulars of Owner & Driver (Vehicle A)	
Date of Accident: CF/03/2019 (dd/mm/yy) Time of Accident::(24-HR-FORMA	T)
Vehicle No.: SJE 3774K Vehicle Make & Model: Toyola Corolla Alfis 1.6A.	.,
Exact location of Accident: Peter Rel Cowards Up Bt Timah Rel.	72
Policyholder's Name / IC No.: You Pei / S7187440J.	
Driver's Name / IC No.: Got Lim Gher Cheon / S6302851A- (As Above) [	7
Driver's Contact No. : 97342951 Company Contact No (Company Veh Only):	
Driver's Contact No.: 97342951 Company Contact No (Company Veh Only):  Driver's Address: Ble 118 pasto RB St 11 \$108-513 \$150168	J
Email address : Insurance Company:	
Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Hirer or Others specify:	
What do you wish to claim? (Please TICK one only)	
Own Insurance / Other Vehicle (The one you want to claim against) (Reporting (For Record Purpose)	
Exact purpose for which the vehicle Was being used at time of accident?  Occupation (nature of job) Indoor/  Outdoor	
Private use / Work purpose *No. of Passengers (Including Driver):	
*Passanger Name: Gender: Male/ Female  *Passanger Name: Gender: Male/ Female	
Weather condition & Road conditions? (On the day of accident)	
Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others:	
Was there any video captured by your Car Camera? Yes / No	112
Any Injuries: Yes / No (If YES) Injured Person' Name:	
Injuries Sustain: Injured Person in Which Vehicle:	
Police Report filed: Yes / No (If YES) Which Police Station:	
The Other Party(s) Details:	
I. Driver's Name / IC No:	50
Driver's Contact No:Insurance Company :	
2. Driver's Name / IC No (If Any): Vehicle No:	
Driver's Contact No:Insurance Company ;	
*Independent Witness (If Any): Contact No:	
Preferred Workshop Name: Contact No:	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$6802951A



( ) (a)

Name

ERIK LIM GHEE CHEONG

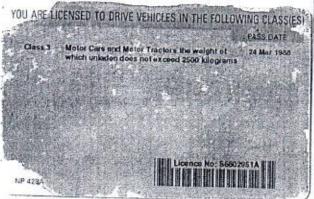
Race CHINESE Outs of birth 13-01-1968

Country of birth SINGAPORE Sex

06002051

Den Date 13 Jan 1968
Setur Date 16 Jun 2003





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