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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.

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04/04/2019 12:52
04/04/2019 08:20
KJE TWDS PIE
SINGAPORE
DETAILS OF OWN VEHICLE
SLQ2570B
ALNIFF INDUSTRIES PTE LTD
198302821N
NOEMAIL
(LOCAL) +65-96285540
OFFICE-96285540
SEAT
IBIZA 5DR 1.0 ECOTSI 110 STYLE 7AT
at WORK
y NO
REPORTING ONLY
PRIVATE CAR
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
NO
5092178432-01

Cover Note Number	
Driver	
Name of Driver	CHUNG PHUI YING
NRIC No	S7025885D
Date Of Birth	30/07/1970
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1993
Driving Experience	26 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96285540
Fax Number	
Contact Number	OTHERS-96285540
EMail Address	NOEMAIL

BLK 789 CHOA CHU KANG NORTH 6 Address

#09-232 680789

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Postcode

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

NO

Was any body injured in the Accident? 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)

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

PLS REFER TO THE ATTACHED STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

REVERT

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

XE248S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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

- 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 <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.
- 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:

- (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.

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.:









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My Desktop	Poli	Policy Query									
Notice of Loss	Policy N	۷o.				Date	of Accident		04/04/2019	08:20	
	Vehicle	No.(For Motor)	SLQ25	70B		Certi	ficate Numbe	r			
						Search					
69	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5092178432- 01		ALNIFF INDUSTRIES PTE LTD	198302821N	GPC	drivo PREMIUM	SLQ2570B	0.045-535	30/06/2018	29/06/2019
	0	01		INDUSTRIES	-	GPC Continue		SLQ2570E	SLQ2570B	30/06/2018	2

Policy Information

Policy No.	5092178432-01	Policyholder Name	ALNIFF INDUSTRIES PTE LTD	Policyholder NRIC	198302821N	
Certificate No.						
Address	33 KAKI BUKIT VIEW KAKI BUK	IT TECHPARK	II SINGAPORE 415965			
Product Name	PRIVATE CAR INSURANCE	Plan		Group Policy Flag	N	
Policy issue Date	07/06/2018	Effective Date	30/06/2018 00:00	Expiry Date	29/06/2019 23:59	
Third Party Excess	0	Own damage Excess	600	Windscreen Excess	100	
Additional Excess	0	OS Premium	0			
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			
Agent	JG MOTOR AGENCY	Agent Tel.	63440727	GST Flag	Y	
Co- insurance Flag	No					
Open Policy Info						
Certificate Info	`					
	nolder Mailing Address					
Address 1	33 KAKI BUKIT VIEW	Address 2	KAKI BUKIT TECHPARK II	Address 3	SINGAPORE 415965	
Address 4		Address Type	Singapore address	Post Code	415965	
Unit No.		Related Policy Number	5049928846-08			
▶ Insure	d Object: SLQ2570B					
▽ Endors	ements					
Sequenc	ce Date of Endorsement	Endorse	ement Type Endorsem	ent Status	Endorsement Content	
1	30/06/2018 00:00	Basic Information Endorsement Tal			orangeeye0514 -To less \$100 on renewal premium for Orange Eye discount.	

Claim Handling Accident MT/1038913

05.01 05				
Policy No.	5092178432-01	Vehicle No.	SLQ2570B	GST Registration !
Certificate No.				
Policyholder Name	ALNIFF INDUSTRIES PTE LTD			Policyholder NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM	Loading
Contact No.(Mobile)	96285540	Contact No.(Office)	o	Contact No.(Home
Email Address		Special Remark		eCode
KFK	No Yes	TCA	No Yes	eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	40	Private Hire
Accident Details				31177414211142
Report Date	05/04/2019 10:00	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	04/04/2019	Time of Accident hh:mm	08:20	
Reporting Centre		Orange Force	855555	Country of Accident
Accident Location	KJE TWDS PIE			acri no.
▼ Excess				
Own damage Excess	600.00	Additional Excess	0	Windscreen Excess
Unnamed Driver Excess		Outside Singapore OD Excess	600.00	Willuscreen Excess
Third Party Excess	0.00	Outside Singapore TP Excess	0.00	
▽ Benefits			0.00	
	tion			
GST Registered	Yes		GST Registration Date	Maria varia
GST Registration No.	M200611322		GST Status Verified	01/04/19 Yes
Modification History	05/04/2019 10:02:22 Sy	stem auto update fail: time-out		
Policyholder Mailing Add	ress			
Address 1	33 KAKI BUKIT VIEW	Address 2	Water Business was a control of	WSDS-95
Address 4	The second secon	Address Type	KAKI BUKIT TECHPARK II	Address 3
Unit No.		Related Policy Number	Singapore address	Post Code
OI Driver Info		resided Fally Harriber	5049928846-08	
Driver Name	CHUNG PHUI YING	Driver Type	to the second	
Unnamed driver Name		Driver NRIC	Main Driver	
Register Date of Driver License	17/02/1993	Driver Age	\$7025885D	Driver DOB
Contact No.(Mobile)	96285540	Contact No.(Office)	48	Driving Experience
Address 1	BLK 789 #	Address 2	0 CHOA CHU KANG NORTH 6	Contact No.(Home)
Address 4		Address Type	Singapore address	Address 3
Unit No.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Singapore address	Post Code
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.		Driver Insurer Com
Declaration				
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes (a) No	
			o its o no	
Nodification History				
Claim 001 OD-MX New				
Claim Type *			ОД-МХ	Insured ALNIFF
Contact No.(Mobile)				Contact
			96311109	No. (Home)
mail Address			sales@alniff.com.sg	OI Vehicle SLQ257 Number
laim Description			SLQ2570B / XE248S	
referred				
Vorkshop	Insured Liability Partially a			
Inalisation Lies	Repair Preferred Workshop, Option	Name unknown GIA report Received	9.3	Claim
ate Registered			05/04/2019 10:08	Close
eport Taken By) -	Date
The County DA				Workshop Repairer
Print AK letter				

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Attachment						
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Choose File No			Clear	Please Select		NO
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