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Policy No: ( ) Period	d: (	)	Cover Type: (			)	
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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.
- 5. 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.

Date Of Accident 31/03/2019 00:45 Exact Location Of Accident BLK 136 SIMEI ST 1 CARPARK SINGAPORE  DETAILS OF OWN VEHICLE  SINGAPORE  PATALS OF OWN VEHICLE  SUBJECT OF OWN VEHICLE  SUBJECT OF OWN VEHICLE  SUBJECT OWN VE	USAN THE PARTY OF	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss  DETAILS OF OWN VEHICLE SINGAPORE  DETAILS OF OWN VEHICLE SINGAPORE  Vehicle Registration Number SJA3179A  Name Of Registered Owner No Mobile Phone No No Mothall No Note Name Note Of FICE-91230328  No No Note Name Note Of Period Name Note Of Registered Owner No No Note Owner No Pessona No No Note Name Note Of Registered Owner No No Note Owner No No Note Owner No No Note Note Note Note Note Note Note	Date Of Report	05/04/2019 16:25
Details of Country/State of Loss  Details of OWN Vehicle    SINGAPORE	Date Of Accident	31/03/2019 00:45
Vehicle Registration Number  Insured/Policyholder  Vane Of Registered Owner  Vane Of Pariotal  Vane Of Pariotal  Vehicle Particulars  Vane Of Pariotal  Vane Of Pariotal  Vehicle Particulars  Vane Of Acident  Vane Of Vane Vanicle?  Vane Of No.  Vanicular Of Insurance Owner  Vane Of Coverage  Company  Vanue Of Insurance Company  Vanue Of Insurance Company  Vanue Of Insurance Company  Vane Of Coverage  Comprehensive  Vane Of Driver  Vane	Exact Location Of Accident	BLK 136 SIMEI ST 1 CARPARK
Abu Talip B Tahlir Insured/Policyholder  Jame Of Registered Owner JARIC No S2013753C Small Address NOEMAIL Mobile Phone No (LOCAL) +65-91230328  Meternative Phone No OFFICE-91230328  Meternative Phone No Motel JAME OF PROTON Model PROTON Model PROTON JAME OF SEASONA  PRIVATE USE  NO	Country/State of Loss	SINGAPORE
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Email Address NOEMAIL Mobile Phone No (LOCAL) +65-91230328 Mobile Phone No (COCAL) +65-91230328 Mother Phone No OFFICE-91230328  Mother Phone No Phone	Name Of Registered Owner	ABU TALIP B TAHIR
Adobile Phone No (LOCAL) +65-91230328  Alternative Phone No OFFICE-91230328  Alternative Phone No OFFICE-912	NRIC No	S2013753C
Alternative Phone No OFFICE-91230328  Vehicle Particulars  Manufacturer  Model PESONA  Exact Purpose for which vehicle was being used at time of accident  Are you claiming under your own insurance policy or repair to your vehicle?  NO REPORTING ONLY  PRIVATE CAR  REPORTING ONLY  PRIVATE USE  NO  NO  SOMPREHENSIVE  NO  PRIVATE CAR  REPORTING ONLY  PRIVATE USE  NO  PRI	Email Address	NOEMAIL
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or repair to your vehicle?  If No, Please state action to be taken  REPORTING ONLY  PRIVATE CAR  NO  SUBJECT  SUBJ	Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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COMPREHENSIVE   NO	Insurance Company	
Relet Policy Policy Number 5033225638-10 Fover Note Number Fore  F	Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Policy Number 5033225638-10  Cover Note Number -  Driver  Iame of Driver NURAISYAH BINTE ABU TALIP  IRIC No S8506246H  Iate Of Birth 18/02/1985  Cocupation INDOOR Iate Of Driving Pass 11/02/2010  Iriving Experience 9 YEARS AND 1 MONTH  Iender FEMALE  Iobile Number  Iontact Number	Type Of Coverage	COMPREHENSIVE
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RIC No	Driver	
late Of Birth  18/02/1985  Decupation  INDOOR  Pate Of Driving Pass  11/02/2010  Priving Experience  9 YEARS AND 1 MONTH  Sender  FEMALE  Iobile Number  Iontact Number	Name of Driver	NURAISYAH BINTE ABU TALIP
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rate Of Driving Pass 11/02/2010  riving Experience 9 YEARS AND 1 MONTH  sender FEMALE  lobile Number (LOCAL) +65-81186245  ax Number  ontact Number	Date Of Birth	18/02/1985
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FEMALE  Iobile Number  ax Number  ontact Number	Date Of Driving Pass	11/02/2010
Sender FEMALE  Mobile Number (LOCAL) +65-81186245  ax Number  ontact Number	Driving Experience	9 YEARS AND 1 MONTH
ax Number ontact Number	Sender	FEMALE
ontact Number	Mobile Number	(LOCAL) +65-81186245
	Fax Number	
Mail Address NOEMAIL	Contact Number	
	EMail Address	NOEMAIL

Address

BLK 136 SIMEI ST 1 #05-80

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

CHILDREN

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

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.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

**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

WHILE REVERSING INTO AN EMPTY LOT, MY VEH RIGHT REAR ACCIDENTALLY HIT ONTO A PARKED VEH LEFT FRONT PORTION.

#### 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

SMJ1728X

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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.
- 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.
- 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

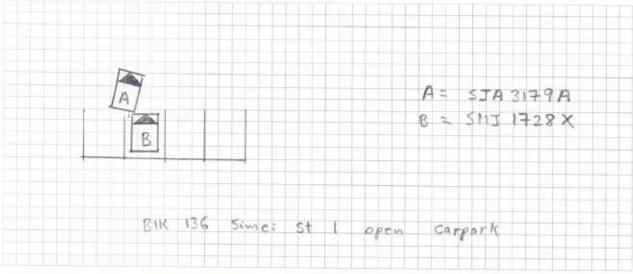
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDEN	DESCRIBE	CIRCUMSTANCES	OF THE	ACCIDEN
---------------------------------------	----------	---------------	--------	---------

Please	Refer	to	Statement
		- $-$	
		/	

# DECLARATION

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 Signature

Name:

NRIC/FIN No.:



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8506246H





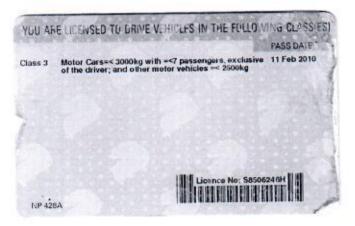
NURAISYAH BINTE ABU TALIP



Country/Place of trirth SINGAPORE



5664912



25-10-2016

APT BLK 136 SIMEI STREET 1 #05-80 SINGAPORE 520136

eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 31/03/2019 16:23 Vehicle No.(For Motor) SJA3179A Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle Policy No. Commence Date Insured Object Select Product Cover Type Expiry Date No. 5033225638-ABU TALIP B TAHIR drivo S2013753C GPC SJA3179A SJA3179A 04/12/2018 03/12/2019 CLASSIC Continue

## LKK Paya Ubi

From:

ODsupport <ODsupport@income.com.sg>

Sent:

Friday, 5 April 2019 5:09 PM

To:

LKK Paya Ubi; ODsupport

Subject:

RE: CLAIMS NO:MT/1038873 VEH NO SJA3179A

Dear Shan Hui,

Thank you for your email.

Please quote the claim no MT/1038873-001 when billing.

Warmest Regards

### Hazalysa Bte Ibrahim

Admin Assistant Motor Department T+65 6430 7902

www.income.com.sg











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From: LKK Paya Ubi [mailto:rspu@lkkauto.com]

Sent: Friday, 5 April 2019 5:00 PM

To: ODsupport <ODsupport@income.com.sg>

Subject: CLAIMS NO:MT/1038873 VEH NO SJA3179A

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

This email has been checked for viruses by AVG antivirus software.

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