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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.
- 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

Driving Experience 10 YEARS AND 7 MONTHS Gender MALE Mobile Number (LOCAL) +65-91066810 Fax Number Contact Number	Manager and the second	ACCIDENT STATEMENT
Exact Location Of Accident Country/State of Loss SINGAPORE DETAILS OF OWN VEHICLE Vehicle Registration Number CB7947B Insured/Policyholder Name Of Registered Owner NRIC No S7144322A SEMIL Mobile Phone No (LOCAL) +65-90607250 Alternative Phone No OFFICE-90607250 Vehicle Particulars Model HIACE COMMUTER GL 3.0 A Exact Purpose for which vehicle was being used at itime of accident Time of accident Tiny Or vehicle? Tho, Please state action to be taken Vehicle Category BUS Insurance Company Name of Insurance Company Name of Insurance Company Name of Insurance Company Pipe Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy No Policy Number Cover Note Number Priver Name of Driver YEO HOCK NRIC No S0054765D Date Of Birth O9/10/1952 Occupation Date Of Driving Pass Or/10/1952 Or/10/1952 Or/10/1952 Or/10/1952 Driving Experience Mable Mable Number Contact Number	Date Of Report	08/04/2019 09:05
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Address BLK 318 UBI AVE 1 #01-471

Postcode 400318

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

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

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)

8

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 TRAVELLING ALONG JLN DATOH WHILE TURNING RIGHT INTO A SMALL ROAD, SUDDENLY I FELT AN IMPACT FROM THE RIGHT HAND SIDE, AFTER THE INCIDENT, I REALIZED VEH B COME FROM BEHIND HIT ONTO MY VEH RIGHT HAND SIDE.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: ONLY FRONT CAMERA

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBH8094K

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number 81273374

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:
 - (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:

Jan Hode

Name:

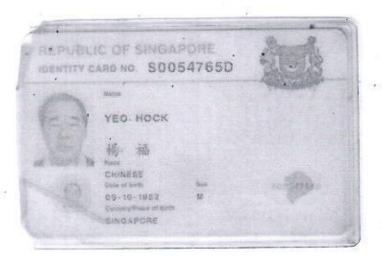
NRIC/FIN No.:

Reporting Centre Personnel's Signature

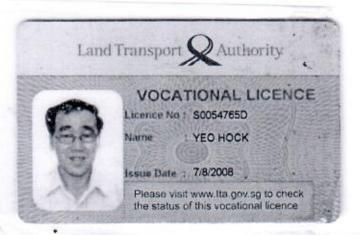
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Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

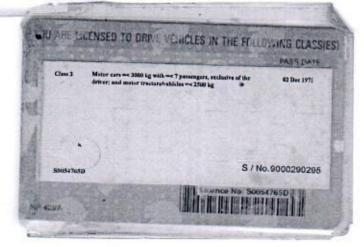
NRIC/FIN No.:











This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

, Type

Description

03

BUS VL BUS ATTENDANT

Issue Date



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 04/04/2019 09:04 Vehicle No.(For Motor) CB7947B Certificate Number Search Policyholder NRIC Certificate Policyholder Vehicle Insured Commence Select Policy No. Product Cover Type Expiry Date Number Name Object LEE KOK CHEONG 5092452899-Third Party, Fire & Theft S7144322A GBS CB7947B CB7947B 14/07/2018 13/07/2019 01 Continue

4/8/2019 Claim Handling(accident reporting Claim Task) Claim Handling Accident MT/1039150 5092452899-01 Vehicle No. CB7947B GST Registration No. Certificate No. Policyholder Name LEE KOK CHEONG Policyholder NRIC 57144 Product Code **BUS INSURANCE** Cover Type Third Party, Fire & Theft Loading 0 Contact No.(Mobile) 90607250 Contact No.(Office) Contact No. (Home) Email Address Special Remark No * KFK . No Yes TCA: No Yes eCode Reason NCD Protection No NCD Entitlement(%) 20 Private Hire No-Report Date 08/04/2019 10:40 Accident Report Within 24 hrs Accident Type Side Sv Date of Accident 04/04/2019 Time of Accident hh:mm 13:20 Country of Accident Singapi Reporting Centre Orange Force ICM No. Accident Location JALAN DATOH Excess Own damage Excess 0.00 Additional Eyrass Windscreen Excess Unnamed Driver Excess Outside Singapore OD Excess Third Party Excess 3,000.00 Outside Singapore TP Excess **▽** Benefits GST Registered GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address Address 1 BLK 4 #04-96 Address 2 BOON KENG ROAD Address 3 SINGA Address 4 Address Type Singapore address Post Code 33000 Unit No Related Policy Number 5096395279-01 V OI Driver Info Driver Name Unnamed Driver Driver Type Unnamed Driver Unnamed driver Name YEO HOCK Driver NRIC S0054765D Driver DOB 09/10/ Register Date of Driver License 07/08/2008 Driver Age Driving Experience 10 Contact No.(Mobile) 91066810 Contact No.(Office) Contact No.(Home) Address 1 BLK 318 #01-471 Address 2 UBI AVENUE 1 Address 3 SINGA Address 4 Address Type Singapore address Post Code 400318 Unit No. 01-471 Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test 0 mg Any injury? Yes + No Modification History Claim 001 New ▼ Insured LEE KOK CHEONG Claim Type • OD-MX Contact No. (Home) Contact No.(Mobile) 90607250 NIL OI Vehicle Number CB79478 Claim Description CB7947B / GBH8094K ON 4 Apr 2019 Preferered Partially at Fault Workshop Societ No. Yes Finalisation ▼ GIA Preferred Workshop, Name unknown report Received Claim Close Date Date Registered 08/04/2019 10:43 Report Taken By LIEW SHAN HUI Print AK letter

Save Submit

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Claim No.

Accident No. MT/1039150
https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do

Attachment

	Uploaded By/Date	Folder Date		le Name		P Source
Video List	NAC_PAYA_UBI_800601(NATION 08 Apr	AL ASSESSMENT CENTRE SERVICES) o 2019 10:43	Photos		Normal	Photos 2019-4-8
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