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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.

	ACCIDENT STATEMENT
Date Of Report	29/04/2019 09:22
Date Of Accident	26/04/2019 14:20
Exact Location Of Accident	LORONG 6 TOWARDS BRADDELL ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD5369R
Insured/Policyholder	
Name Of Registered Owner	SUKARTI BTE DAWAMI
NRIC No	S1642605I
Email Address	RIKIANADRIAN@LIVE.COM
Mobile Phone No	(LOCAL) +65-86880084
Alternative Phone No	OTHERS-86880084
Vehicle Particulars	
Manufacturer	NISSAN
Model	QASHQAI
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
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5103782293
Cover Note Number	
Driver	
Name of Driver	NOORMALA BINTE MOHD
NRIC No	S1554297G
Date Of Birth	15/09/1962
Occupation	INDOOR
Date Of Driving Pass	10/12/2015
- China Production Control Control	

3 YEARS AND 4 MONTHS

(LOCAL) +65-86880084

RIKIANADRIAN@LIVE.COM

OTHERS-86880084

FEMALE

Address

BLK 64 LORONG 5 TOA PAYOH

#2-338

Postcode

310064

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

•

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

DRIZZLING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident
Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

189

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)

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

GBE9693R

Vehicle Make/Model/Colour

FIAT DABLO

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

- 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.
- 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:

Oriver's Signature

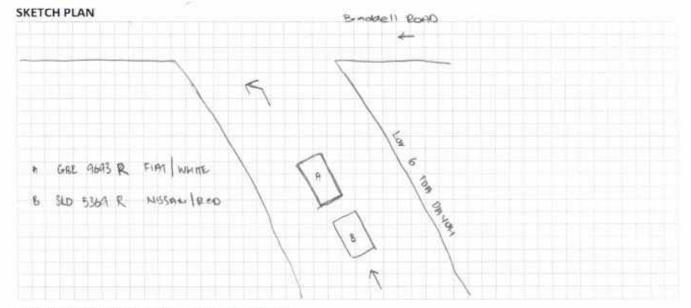
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NOL: CAVAA 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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 Pelsonglel's Signatur

Name: NRIC/FIN No.:

Claim Handling Accident NT/1842051 GST Registration No. 9103762293 Variety No. CONTRACT. Certificate No. Policyholder NRIC 516476051 Policyholder Name SUKARTI ETE DAWAMI Loading Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Contact No.(Office) Curtact No./Isome) Curtart No.(Mobile) eCode No. * Special Remark Email Address «Code Rescon - No. 11 Year TEA a No. Yes Private Hire No NCO Protection Airth EastHamont No. * Accident Details Collision - Head to Rear Acodent Report Within 24 hrs Applicant Type Report Date 29/04/2019 10:11 Yes Date of Acodent 26/04/2019 Time of Aucrowin thum 14125 Constry of Account Singapire Reporting Centre Drunge Force 104 96. LORONG & TOWARDS BRADDELL ROAD Accident Location T Excess Windscreen Excess 100.00 Additional Excess Ą Own damage Excess 00.00 800.00 Unnamed Driver Excess 8.00 Outside Singapore OD Excess Third Party Excess 0.00 Outside Singapore TP Excess 0.00 w Benefits Coverage Transport Allowance 99999999.99 or GST Registered Information GST Registered GST Registration Date GST Status Verified Nen GST Registration No. Holframor Hotory Policyholder Hailing Address MARINE CRESCENT MARDNE CRESCENT VILLE Address 1 BLK 34 #63-43 Post Code 640034 Address Type Singapore eddress Address 4 STREAPONE 44000H Unit No. 15-43 Related Pulicy Number 3088348417-02 ₩ OI Orlver Info NOORMALA BINTE MOHO Driver Type Named Drive Driver harce Unnamed Oriver Name Driver NAJC 51354297G Driver DOB 11000/1961 Driving Expensives Register Date of Driver License Ditver Age 10/12/2015 Contact No.(Office) Contact No.(Hume) Contact No. (Motive) 86/880094 Address 3 Address 2 Address 1 Address 4 Address Type Foreign address First Code Dues he own a lingapore Registered car? Driver Indurer Continent Driver vehicle No. 795 - 790 tireathalyser or Mood Text Heading? Any injury? Yes + 740 Hadification History Claim 004 New * Insured BUKARTI BTE DAWARI Claim Type + OD-MX 516426051 Contact No. (Mobile) Empli Address SLUSTMAN 58896938 Claim Deporation SLD5369R / GBE9693R ON 16 Apr 2019 Insured Listriky Fully at Fault Preferend Preferred Workstop, Name unknown STATE OF THE Received FireGeation Date Reputered Gate 29/04/2019 00:00 25/04/2019 10:15 ROSLI WAHAB Report Taken By √ Proti AK letter Save Submit Attachment Accident No. ME/1047053 Claim Na Lest Duc. Received * Yes U No Upload Date 29/04/2019 10:18 PVID 1 Confidential Wigenty * Category Chages File No file chasen Otto Flease Select * NO * Normal • Choose File No file chosen * NO Dear Please Sweet • Choose File No file chosen Civit Prease Select NG T Seprenal * NO + Choose File No file chosen Char PROCE SHOOT * NO . Choose File No file chosen Clear Please Select * Normal Choose File No Ne chosen * NO * Nurmai Cour Prease Sweet Message Read Send Meisage W Attachment List Mag Sent? (CO) Attachment. Uplaided By/Date Category Urgency: Chesicalpition NAC_BURIT_MERAH_BOUG76(NATUDNAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 29 Apr 2019 10:16 NRIC/ Driving License MISC/ Driving License 2019-4-29 NAC_BUREL_MERAH_BOUGHE (NATIONAL ASSESSMENT CENTRE SERVICE S (BUREL MERAH)) on 29 Apr 2019 10:16 585 7019-4-29

Uplanted By/Date

Photos 3019-4-25

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Photos 2019-4-29

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Photos 2019-4-29

Photos 2019-4-29

Protes 2019-4-29

Photos 2019-4-29

Source

Action

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/29/2019		Claim Handling(a	ccident reporting	Claim Task
	NAC_BUKIT_MERAH_800676; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH); on 79 Apr 2019 10:18	Photos.	Normal	
	NAC BUKIT MERAN BODE76 NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAN) OR 70 Apr 2019 10:18	Photos	Normal	
SIL	NAC_BURTT_MERAH_BOOG76(NATIONAL ASSESSMENT CENTRE SERVICE S (BLACT MERAH)) on 29 Apr 2019 10:16	Plotos	hornal	
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1	NAC_BLAST_MERAH_BD0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT HERAM)) on 29 Apr 2019 10:15	Photoe	Normal	
	NAC_BUNCT_MERAH_BIDGG 76(NATIONAL ASSESSMENT CENTRE SERVICE \$ (BUNCT HERAM)) on 29 Apr 2019 10:15	Photos	Normal	
	NAC_BUXET_MERAH_8005YB; NATIONAL ASSESSMENT CENTRE BENVICE S (BIXCT MERAH)) on 29 Apr 2019 10:15	Protue	Normal	
1	NAC_BURTT_HERAH_SCIGETO; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURCT MERAH) un 29 Apr 3019 10:15	Physique	formal	
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REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1554297G



NOORMALA BINTE MOHD

نورملا بنت بحمد

MALAY Date of birth 15-09-1962 Country of birth

SINGAPORE





REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$16426051





SUKARTI BINTE DAWAMI

JAVANESE 26-03-1964 Country/Place of birth SINGAPORE





S1554297G



31-10-2012

APT BLK 54 LORONG 5 TOA PAYOH #02-338 SINGAPORE 310064

4806188

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES MOTORCYCLES NOT EXCEPTING DM CC MOTORCYCLES BETWEEN 241 CC AND 440 CC MOTOR CARA AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN BOES NOT EXCELS 1200 ALL OGRAMS

EFFECTIVE DATE

S / No 9000226641

Licence No. 515542970

NP 428A

5211766





13-08-2013

APT BLK 34 MARINE CRESCENT #03-43 SINGAPORE 440034

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