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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. 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 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.

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.
- e centre and to copies of the report being made available

. By the lodgement of this report to the insurers, you hereby conse foresaid.	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/04/2019 20:50
Date Of Accident	28/04/2019 14:50
Exact Location Of Accident	GEYLANG ROAD (LORONG 13 GEYLANG ENTRANCE)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR4350B
Insured/Policyholder	
Name Of Registered Owner	OLDS MOTOR CO. PTE. LTD.
Co Reg No	201010904R
Email Address	ROGERKTM525@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-98898548
Alternative Phone No	OFFICE-98898548
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102949025
Cover Note Number	
Driver	
Name of Driver	TAI CHOON LOONG @ DAI JIALIANG
NRIC No	S6907855I

07/03/1969 Date Of Birth OUTDOOR Occupation 13/03/1995 Date Of Driving Pass

Driving Experience 24 YEARS AND 1 MONTH

MALE Gender

(LOCAL) +65-98898548 Mobile Number

Fax Number

OTHERS-98898548 Contact Number

ROGERKTM525@YAHOO.COM.SG **EMail Address**

Address

BLK 551 PASIR RIS STREET 51

#06-101

Postcode

510551

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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)

2

involved in the accident

NO

Was any body injured in the Accident? Was any injured conveyed to hospital by

NO

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)

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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SMA4141R

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

WANG KAI XUAN

NRIC/Passport Number

S7168427Z

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 insurers) 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

GST / ROC NO 201010904R

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatu

Name:

NRIC/FIN No.:

SKETCH PLAN	64 100 S		A) SLR 4350B
	Cey to		B) SMA 4141 R
		2	2>
		<-	Geylang Rd
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT		
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to my vehi	this sum	1350 B Right s	ide
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DECLARATION			
We declare the foregoing parti	culars are true in ever	y respect.	/ 1 / 2/2
(S8T/ROC NO:) [T]	1	7	29/00/80/9
Policyholder's Signature	Driver's Signati	ure	Beporting Centre Personnel gisignature
Date & Time:		the policyholder)	Name: NOTAL MAY MAY

SHAPOR SHIRR BRINFORD, V3

Claim Handling(accident reporting Claim Task) 4/30/2019 Claim Handling Accident MT/1042301 SUMMITOR GST Registration No. pererobeas 5102949025 PERCY NO. Cartificate No. Pelicyholder NIGC 2010109248 DUDS NOTOR CO. PTE, LTD. Policyholder Name Cover Type dovo CLASSIC Loading Product Code PHIVATE CAR INSURANCE Contact No.(Home) Contact No. | Office) Contact No (Motols) 98899540 No + Special Remark Email Address eCode Reason e No II. Yes YEA: - No : Yes Private Hire No NCD Entitlement (%) NED Protection W Accident Details Accident Type Report Date 30/04/2019 09:53 Accident Report Within 24 hrs Yes Time of Accident Numm Country of Accident Singepone Date of Accident 28/04/2019 ICM No. Orange Force Resorting Centre DEYLANG ROAD (LORONG 13 GEYLANG ENTRANCE) or Decree Windscrew Excess 100.00 Apattonal Evoss Own darringe Extent 7,000.00 2,000.00 **Dutwide Streamore OD Excess** Unnamed Driver Excess Third Party Excess 1,510,00 Duckide Singapore TP Excess 1,500.00 · Benefits W GST Registered Information 30/01/2012 GST Registration Date GST Registered GST Status Verified 2010109048 GST Registration No. **Wodification History** → Policyholder Molling Address *01-0t Address 3 SUNCERPORTE ODESING Address 2 Address I NO MED CRESCEVE Past Cade 456569 Address Type Address 4 Related Policy Number 5108621893 tiret No. Driver Type Linnamed Driver Unnamed Driver Driver Name 07/03/1989 Driver NRIC Driver DOS ISMAILTERS: Unnamest drover Name TAT CHOON LOONG & DAT STALE Driving Expensions Begister Date of Driver License 1300071995 Cented Na (Office) Contact No.(Home) Contact No (Motive) MESSALAN BONDAPORE STOSSE PAGIR RIS STREET ST BUX 551 #00-101 Appress 7 110001 Audites Type Foreign address Antress 4 06-101 tint No. Does he own a Singapore Registered cor? **Driver Insurer Company** RTUC THE A RE Driver Vehicle No. SLR#35UB Declaration Breathalyser or Blood Test. Reacting? Any injury? Yes o No fi mg Madification History Claim 001 Nem Insured OLDS MOTOR CO. #15. LTD. Insured NATC 2010109648 OD-MX Claim Type. Contact No. (Home) Contact No. (Office) Contact No. (Mshile) Of Vehicle SURKISSE SMARIRIE Email Address SLR#3508 / SMARIHIR CH 28 Apr 2019 Preference Limitary Not at Fault Repair Prefered Workshop, Name unit Workshop Spraged No. Yes Pringlestion Date 30/94/2019 00:00 30/04/2019 69:56 Date Registered BOSLI WAHAS Report Taken By e. Drint AK letter Save Submit Altachment Claim No. 001 Apodent No. MT/1042301 30/04/2019 09:53 Upload Date Last Occ. Received R. Yes. D. No. Description * Catalogy * Confidential Urgancy * + * NO Please Select Normal Cleim Chacee File: No file chosen • NO. Choose File No file chosen Our Pinase Select . Please Select Clear. NO. Normal Choose File. No file chosen + 110 * Hornal ٠ Clear Chucke File No file shosen Please Select * Normal Choose File No file chosen Clear Please Select * NO * NO * Normal . Clear Please Select Choose File No file choose Sent thesage Hestoye Read W Attachment List Hug Sent? (CO) 7 Description Category Orgency Uploaded By/Date Attachment NAC_BUNIT_MERAH_BUDG76; NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUNIT MERAH)) on 30 Apr 2019 09:57 Phines 2019-4-30 Normal Photos NAC_BURIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURIT MERAH)) on 30 Apr 2019 09:57 Photos 2019-4-30

NAC_BURGT_MERAH_BOOGTS(NATIONAL ASSESSMENT CENTRE SERVICE S (BURGT NERAH)) on 30 Apr 2019 09:57 Phintos 2019-4-30

Wides List

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Folder Date

Claim Handling(accident reporting Claim Task)

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Source

Action

ACCIDENT STATEMENT

(3)	DENT DATE: (28/04/309)(DD/MM/YYYY)	, TIME:(14:30)(HH:MM)
LOCA	MON: Gaylang Lor 13	
	DETAILS OF VEHICLE	
1.	DETAILS OF VEHICLE	8 mm
3	a VEHICLE NUMBER: SLR 4350 B	
187	BINSURANCE COMPANY: NTUL INCOME	//
	CIPOLICY NUMBER: \$10 2949 025	Enter the second of the second
	e) MAKE & MODEL: HONER SUTTLE	TY / THIRD PARTY FIRE & THEFT)
	f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY	(LUCTORCYCLE (OTHERS)
4	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIA	14.50
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	I) ARE YOU CLAIMING UNDER YOUP OWN INSUR	
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REI	EORTING ONLY)
2.	INSURED / POLICY HOLDER	172
	Almame: OLDS motor co.pts	
	b)NRIC/FIN/PASSPORT:	CONTACT:
	c)ADDRESS:	
5 5 5		<u> </u>
	* CONTINUE TO 3.4 IF DRIVER ALSO POLICY HO	LDER
tho of passanger	DRIVER	
(Including driver)	a) NAME: Tai Choon Loong	(MALE / FEMALE)
C. S CINCER)	DINRIC/FIN/FASSFORI:	_CONTACT: 908 1834
(T)	C) ADDRESS: 551 Pasir Ris street 31	# 06-10-1 510551
	3 5 :0/6	
	*d)DATE OF BIRTH: (07/ 03/ 1969)(DD/N	AM/YYYY)
	e)OCCUPATION: (INDOOR / OUTDOOR) f) DATE, OF DRIVING PACC 13 - 03-	IGO:
4.	WAS DRIVER AN EMPLOYEE OF THE INSURE	
	IF NO, RELATIONSHIP OF THE DRIVER WITH	
5.	a) WEATHER CONDITION: (CLEAR / RAINING / C	OTHERS
	b)ROAD SURFACE: (DRY / WEF / OTHERS	1
6.	WAS ANYBODY INJURED (XES / NO)	_
7.	a) REPORTED TO POLICE (YES / NO)	4
	IF YES, PLEASE STATE WHICH POLICE STATION:	
8.	THIRD PARTY VEHICLE 4141	2 1 2 4/50
He of passinger	THIRD PARTY VEHICLE a) VEHICLE NUMBER: SMA THE R	MODEL: 70 YO TH ALT-3
Including driver)	b) DRIVER'S NAME: WANG KAI KUAN	
		00117107
	c) NRIC/FIN/PASSPORT: 57/684272	CONTACT:
(2)	C) NRIC/FIN/PASSPORT: 57/68427 Z THIRD PARTY VEHICLE	CONTACT:
(2)		CONTACT:
(2) 9. Ho of passenger	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	
())	THIRD PARTY VEHICLE d) VEHICLE NUMBER:	

email = Roberation 525 & YAHOW -com -Shy

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S69078551



Name

TAI CHOON LOONG @DAI JIALIANG



春龙

CHINESE

Outs of Sixth

07-03-1969

Country of Birth

SINGAPORE









eBao Tech

- Hello, NAC_BUKIT_MERAH_800676 + Change Language GeneralClaim

. Log Out

· Change Password

My Desictop Notice of Loss

Policy Query

Policy No. Vehicle No.(For Mator) SLR4350B Date of Accident Certificate Number 28/04/2019 12:03

Search

Select Policy No. 5102949025

Certificate Number Policyholder Name OLDS MOTOR CD. PTE. LTD.

Policyholder NRIC 201010904R

Product Cover Type drivo CLASSIC

Vehicle: Insured Object No.

Commence Date Explry Date

SLR4350B SLR4350B 15/08/2018 14/08/2019

Continue