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- Reporting Only	i-Photo Uplo	paded			
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	Ass't Report l	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Tel:	Fax:	
TP Particulars: Veh No: 140	C1606K	. INC()/Non-INC().	*0	
Owner / Driver: (Tcl:)	
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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.
 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.

artistic controls part in the part of the	ACCIDENT STATEMENT
Date Of Report	30/04/2019 14:26
Date Of Accident	29/04/2019 15:50
Exact Location Of Accident	ALONG PIE (TUAS)
Country/State of Loss	SINGAPORE
AND THE PROPERTY OF THE PROPER	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGJ982E
Insured/Policyholder	
Name Of Registered Owner	KEM AUTO
Co Reg No	53309211J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91884369
Alternative Phone No	OFFICE-91884369
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6 AUTO
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5106729243
Cover Note Number	
Driver	
Name of Driver	WAH ZEN LIN (HE ZHENGLIN)
NRIC No	S7931058A
Date Of Birth	22/10/1979
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2005
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569123
Fax Number	
Contact Number	OFFICE-98569123
EMail Address	NOEMAIL

Address BLK 681A WOODLANDS DRIVE 62

#12-11

Postcode 731681

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own -

Vehicle

OTHER - HIRER

-

Insurance Company of Driver's Own Vehicle

*

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

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.

Number of Passengers (Including Driver)

Passenger 1

NO

3

NO

NO

AME: : -

NAME:

GENDER: : MALE

Passenger 2

NAME: :

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes,Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, MY VEHICLE WAS TRAVELLING IN A LOW SPEED AS IT WAS CONGESTED ALONG THE WAY. SUDDENLY VEHICLE B CUT ONTO MY LANE FROM THE FILTER LANE OF PAYA LEBAR RD. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE LEFT FRONT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? N

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1606K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

2

NAME:

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

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

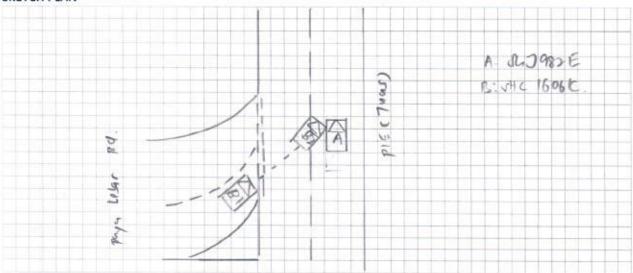
Date & Time:

Reporting Centre P

Name:

NRIC/FIN No .:

rsonnel's Signature



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A MANAGEMENT ASSESSMENT	TO BOOK THOSE SERVICES AND RECORDS ON THE	NOV.	
sefer to	flatement.		
		(4	

DECLARATION

I/We declare the foregoine particulars are true in every respect.

Policyholder's Signature

Date & Time:

Driver's Signatule

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:











♥ Endors	sements						
) Insure	d Object: SGJ982E						
Unit No.	06-02A	Relate Numb	ed Policy er	5109054672			
Address 4	SINGAPORE 408702	Addre	ss Type	Singapore address		Post Code	408702
Address 1	BLK 3014 #01-278	Addre	ss 2	UBI ROAD 1		Address 3	KAMPONG UBI INDUSTRIAL ES
→ Policyl	holder Mailing Address						
Certificate Info							
Open Policy Info							
Co- nsurance Flag	No						
Agent	TONG HIN INSURANCE AGENCY	Agent Tel.	65155333		GST Flag	Y	
Singapore OD Excess	0	Outside Singapore TP Excess	1500			Young/I	nexperience Driver Excess
Excess Outside	U.	Premium	0				
Excess Additional	0	Excess OS			CACCAS		
Party	1500	Own damage	0		Windscreen Excess	0	
Excess Type Third		All Claims Excess					
Policy issue Date	31/12/2018	Effective Date	31/12/2018	8 00:00	Expiry Date	30/12/2019 23:	59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 3014 #01-278 UBI ROAD 1	KAMPONG UB	I INDUSTRI	AL ESTATE SINGAPOR	RE 408702		
Certificate No.							
Policy No.	5106729243	Policyholder Name	KEM AUTO		Policyholder NRIC	533092113	

Continue Cancel

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Part			Orange Force		ICM No.	
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Cut	Excess					
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Part	named Driver Excess		Outside Singapore OD Excess	0.00		
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Mode						
Section Sect			7700 20			
Ministrate Mi	Mress 1	BUX 3014 #01-278	Address 2	UBI ROAD 1	Address 3	KAMPONG UBI INDUSTRIAL EST
### Page GO-DA Related Floury Number S199244738 S19924 S199248	ldress 4	51NGAPORE 408702	Address Type	Singapore address	Post Code	
Marked Driver Marked Drive	it No.	06-02A	Related Policy Number	5109244738		
March Marc						
2711/2005 2711			Driver Type	Unnamed Driver		
March No. (Motors) Moderate	named driver Name	WAH ZEN LIN (HE ZHENGLIN)	Driver NR3C	\$7931058A	Driver DOB	22/10/1979
Description	gister Date of Driver License	22/01/2005	Driver Age	39	Driving Experience :	14
Address 3 SINCAPORE 731681 R.D. 12-11 Post Code Post Post Post Code Post Post Post Code Post Post Post Post Post Post Post Post	ntect No.(Mobile)	98569123	Contact No. (Office)	0	Contact No.(Home)	0
### Address Type Single-Ore address Post Code 731681 #### Address Type Single-Ore address Post Code 731681 ####################################	Gress 1	BLK 581A	Address 2	WOODLANDS DRIVE 62	Address 3	SINGAPORE 731681
### 12-11 Street	dress e		Address Type	Singapore address	Post Code	
Direct Vehicle No.	it No.	12-11				
Claim Dot 1 New Op Mox Shoured Name REPLANTO Insured NEIC S13092117 Internal Next S27,8665 Current No. (Home) Curr	es he own a Singapore gistered car7	○ Yes ® No	Driver Vehicle No.		Driver Insurer Company	
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Import Type Claimant Type * Please Select.		92718665	Contact No.(Home)	CHARLES STORY	Contact No.(Office)	
mant Name *			OI Vehicle Number	9G3982E	TP Vehicle Number	SHC1506K
mark Address Im Description SG29826 / SHC1606K ON 29 Apr 2019 Insured Liability * Not at Fault June Principation Received Preferred Repair Option Preferred Workshop, Name unknown GSA report Received 30/04/2019 20:48 Cont Taken By Jackson Print AK letter Save Submits Teachment Teachment Teachment Teachment Teachment Save Submits Teachment Tea		Please Select	Type of benefit *	Please Select		
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