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TP Particulars: Veh Nor SMJ	8605X INC	OM-uou/()	<u>(), ,</u>	
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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.

	ACCIDENT STATEMENT
Date Of Report	03/05/2019 14:59
Date Of Accident	02/05/2019 15:30
Exact Location Of Accident	ALONG PANDAN LOOP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ4701L
Insured/Policyholder	
Name Of Registered Owner	KWEK HAI
NRIC No	S0877995C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96263460
Alternative Phone No	OTHERS-96263460
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
Exact Purpose for which vehicle was being used at ime 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
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5087499835-02
Cover Note Number	
Driver and pales.	
Name of Driver	KWEK HAI

KWEK HAI NRIC No S0877995C Date Of Birth 13/06/1948 Occupation INDOOR Date Of Driving Pass 12/06/1970

Driving Experience 48 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96263460

Fax Number

Contact Number OTHERS-96263460

EMail Address NOEMAIL

BLK 640 JURONG WEST STREET 61 Address

#02-04

2

NO

YES

NO

NO

NO

1

640640 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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 02-05-2019 AT ABOUT 15:30 I WAS AT PANDAN LOOP AND WANTED TO TURN RIGHT INTO 198 PANDAN LOOP SUDDENLY THE CAR SMJ8605X STOP AND I COULD NOT BRAKE ON TIME AND HIT THE SAID CAR THAT ALL.

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

SMJ8605X

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

- 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 withholding 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. 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.
- 7. 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:
 - (i) 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:

Name:

NRIC/FIN No .:

Reporting Centre Personnel's

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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AZ JET	- 3/8-MINION - 7	

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 .:

Claim Handling				Troporang Ciam	i idak)			
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Policyholder Name	KWEK HAT							
roduct Code	PRIVATE CAR INSURANCE				Policyholder NR	uc	S0877995C	
ontact No.(Mobile)	30203460	Cover Type Contact No.(Office)	Third Party		Loading		0	
mail Address		Special Remark			Contact No.(Ho	me)		
PK	* No Yes				eCode .		No *	
CO Protection	No	TCA	+ No Yes		eCode Reason			
♥ Accident Details	102	NCD Entitlement(%)	0		Private Hire		No	
eport Date	03/05/2019 15:29							
ate of Acoident	02/05/2019	Accident Report Within 24 hrs	Yes		Accident Type		Collision - Head	to Rear
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nit No.		Address Type	Singapore addre	66	Post Code		640640	energy.
		Related Policy Number	5087499835-02				040040	
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river Name rnamed driver Name	KWEK HAT	Driver Type	Main Driver					
	21 22 11 22 22 22	Driver NRIC	50877995C		Driver DOB		13/06/1948	
epister Date of Driver License	01/01/1997	Driver Age	70		Driving Experien	ce	22	
ontact No.(Mobile) ddress 1	96263460	Contact No.(Office)			Contact No.(Horr		**	
	BLK 640 #02-04	Address 2	JURDING WEST S	TREET 61	Address 3		SINGAPORE 640	37977
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aim Type •				ОД-МХ	▼ Insured KWEK	LIAT .	Insured	S0877995C
intact No.(Mobile)					Contact	100	NAJC	B0877995C
					No. (Home) 67916	218	Contact No.	67730200
nail Address				-	01	000.	(Office)	
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Photos 2019-5-3

Claim Handling(accident reporting Claim Task)

Display in New Window Scan and uploading

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0877995C





KWEK HAL

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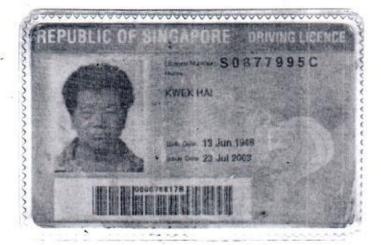
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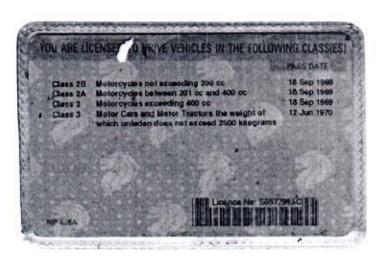
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	0	02		KWEK HAI	S0877995C	GPC	Third Party	SGQ4701L	SGQ4701L	17/01/2019	16/01/2020