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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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	13/05/2019 11:12
Date Of Accident	11/05/2019 11:20
Exact Location Of Accident	AYE (MCE) NEAR NUS
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKD2885Z
Insured/Policyholder	
Name Of Registered Owner	ANG HUA SENG
NRIC No	S2156856B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98571679
Alternative Phone No	OFFICE-98571679
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	LF SONATA 2.0 GLS A/T S/R
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5072685249-03
Cover Note Number	2

Driver

Name of Driver ANG HUA SENG NRIC No S2156856B Date Of Birth 08/08/1955 Occupation INDOOR Date Of Driving Pass 19/06/1984 **Driving Experience**

34 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98571679

Fax Number

Contact Number OFFICE-98571679

EMail Address NOEMAIL Address BLK 12C MARSILING LANE #03-79

Postcode 733012

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

2

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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

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) NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG AYE TWDS MCE NEAR NUS ON THE FIRST LANE, I SLOW DOWN AND STOP MY VEH DUE TO HEAVY TRAFFIC. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO GBF8576Y) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

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

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number **GBF8576Y**

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE Name of Driver ISMAIL BIN RAHMAN

NRIC/Passport Number S7304365D

Contact Number

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.

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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

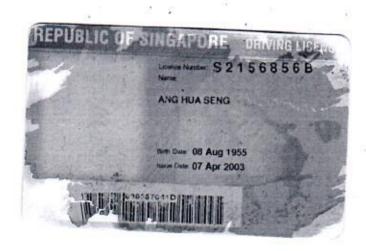
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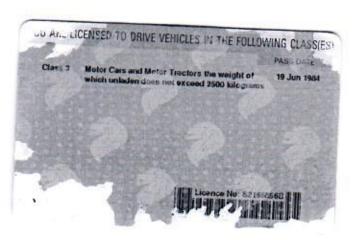
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& Time:	(If driver is not	the policyholder)	Name:
	Date & Time:		NRIC/FIN No.:

G/ARMC SketchPlimForm: V.I.









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 11/05/2019 11:09 Vehicle No.(For Motor) Certificate Number SKD2885Z Search Certificate Policyhoider Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Date Product Cover Type Expiry Date Number Object 5072685249-ANG HUA SENG drivo PREMIUM S2156856B GPC SKD2885Z SKD2885Z 15/07/2018 14/07/2019 Continue

Claim Handling Accident MT/1044207						
Policy No.	5072685249-03	Vehicle No.	SKD2885Z	GST R	Registration No.	
Certificate No.						
Profest Code	ANG HUA SENG	W S		Policy	holder NRIC	52156
Contact No.(Mobile)	PREVATE CAR INSURANCE 98571679	Cover Type	drivo PREMIUM	Loadin	19	D
Email Address	30371079	Contact No.(Office) Special Remark			ct No.(Home)	_
KFK	» No Yes	TCA TCA	● No ○ Yes	eCode		No *
NCD Protection	No	NCD Entitlement(%)	50	eCode	Reason	No
			To the second	rings	, mie	No
Report Date	13/05/2019 13:53	Accident Report Within 24 hrs	Yes	Accide	ent Type	Collisio
Date of Accident	11/05/2019	Time of Accident hh:mm	11:20		ry of Accident	Singag
Reporting Centre		Orange Force		ICM N	о.	0000000
Accident Location	AYE (MCE) NEAR NUS					
♥ Excess						
Own damage Excess	600.00	Additional Excess	0	Winds	creen Excess	100.00
Unnamed Driver Excess Third Party Excess	0.00	Outside Singapore OD Excess	60	0.00		
→ Benefits	0.00	Outside Singapore TP Excess	25	0.00		
→ GST Registered Inform	nation					
GST Registered	No		GST Registration Da	ata .		
GST Registration No.			GST Status Verified		Yes	
Modification History					57770	
Policyholder Mailing A	ddress					
Address 1	BLK 12C #03-79	Address 2	MARSILING LANE	Addres	ss 3	SINGA
Address 4		Address Type	Singapore address	Post C		73301
Unit No.	06-195	Related Policy Number	5072685249-03			
OI Driver Info		WILLIAM CONTRACTOR AND CONTRACTOR AN				
Driver Name	ANG HUA SENG	Driver Type	Main Driver			
Unnamed driver Name	2000000000	Driver NRIC	\$21568568	Driver	D08	08/08/
Register Date of Driver License Contact No.(Mobile)		Driver Age	63	Driving	g Experience	44
Address 1	98571679	Contact No.(Office)			ct No.(Home)	
Address 4	BLK 12C #03-79	Address 2 Address Type	MARSILING LANE Singapore address	Addres		SINGA
Unit No.	06-195	read case 19pc	Singapore address	Post C	ide.	73301
Does he own a Singapore Registered car?	Yes . No	Driver Vehicle No.		Driver	Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	⊖ Yes ∗ No			
Modification History Claim 001 New						
Claim Type *			OD-M	X Insur	ang hua seng	
Contact No.(Mobile)			985716	Conta		
			[503710	(Hom	e)	
Email Address				O1 Vehic Numb	le SKD2885Z	
Claim Description			SKD28	85Z / GBF8576Y ON 11 May 20:		
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Finalisation Lies Date Registered	▼ Repair Preferred Workshop, Option	Name unknown v report Received		Claim		
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Claim No.

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MT/1044207

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