Date In: 16 7/15 - 10:46	Jeb descripțion		Date & Time Completed	Done	by.
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Veh No: SUD 17281C	E-mail (within	Shrs, AIC 2hrs)	i i		
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	i-Motor W/O	(Within: OD 2hrs		1011114	0.0(
OD TP Reporting Only	i-Photo Uplo		1		
TP Insurer:	Assessment/Su	rvey Report			
11 Insurer.	Ass't Report b	y Fax / Hand to	Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (			Tel: F	ax:	mid-reserved
TP Particulars: Veh No: 17	ערער.	. INC(	)/Non-INC( )		
Owner / Driver: (			Tcl:	)	
Policy No: ( )	Period: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Time:	)	
Insured/Driver Liability: ( %)	[Note-Est. Status (V	VO): N: 0-20	%; P: 21-79%. F: 80-1	00%]	N.
Year of Registration: ( )	Warranty: YES (	)/NO(	)		
Excess: (\$ ) Loading: \$1	,000 ( )/\$2,000	( )			
General Remarks:-		1 1773		125	-
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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 available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	16/05/2019 11:46
Date Of Accident	16/05/2019 08:30
Exact Location Of Accident	65 BUKIT TINGGI RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1738K
Insured/Policyholder	
Name Of Registered Owner	RAS STEFAN VINCENT
Passport No/FIN	G3023336R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97114786
Alternative Phone No	OFFICE-97114786
Vehicle Particulars	
Manufacturer	AUDI
Model	A6 2.0T FSI MU CVT ABS D/AB HID 2WD 4DR
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	5109298763
Cover Note Number	

### Driver

Name of Driver SLIEDRECHT CAROLINE JANTIEN

 Passport No/FIN
 G3025458P

 Date Of Birth
 25/04/1981

 Occupation
 INDOOR

 Date Of Driving Pass
 27/07/2005

Driving Experience 13 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-97114786

Fax Number

Contact Number OFFICE-97114786

EMail Address NOEMAIL

Address 4 KING ALBERT PARK

Postcode 598286

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

8

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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? Y

YES

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

NO

Number of Passengers (Including Driver)

0

**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

REFER TO STATEMENT.

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

SJW7252D

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

VICTOR NINKEL RUTH ELISE MATHUDE

G5719787R

NRIC/Passport Number 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 willful 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 invoive 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:

Driver's Signature

(If driven is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

	1	DOA - 16/5/19
A CB	<b>~</b>	A: SLO 1738 K
	No 65	B SJW 72520
0 7	Bt Tinggi	20

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle	3	reve	rsed	fra	the	Schal	8	het
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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 Personnel's Signature Name:

NRIC/FIN No.:

Personal Particulars Date of Accident: 16 5 Time of Accident: 8-30 am 19 Bt Tingas 65 Exact Location of Accident: Owner's Name: Ras Stefun Vincent NRIC No: 63023336 RHP No: Jantien NRIC NO: 6 30254 TPP HP NO: 97114786 Driver's Name: Caroline Date of Birth: 25 4 198 | Driving Licence Passing Date: \_\_\_\_\_\_Occupation: Incoor / Outdoor Address: 4 King Albert Park 503286 Relationship of Driver with Insured: Sowe Email Address: Vehicle No: SLD 1738 (C Make & Model: Insurance Co: NTUC Coverage: Policy No: \*Purpose of Reporting? Own Damage Claim / 3rd Party Claim / Not Claiming, Just Reporting Only \*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work Clear / Raining / Others: \_\_\_\_\_ Wet / pry / Others: \_\_\_\_\_ \*Weather Condition? \* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax: B-\_\_\_\_\_C:\_\_\_\_\_D:\_\_\_\_ \*Was Anybody Injured ? (Yes / No) If yes, Name / NRIC / In Vehicle: \*Was The Accident Reported To The Police? O No O Yes, Which Police Station? \*Does the Driver Own Any Other Vehicle? O No O Yes, Vehicle Registration No:\_\_\_\_\_\_\_insurer: \_\_\_\_\_\_ \*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category: \_\_\_\_\_ \*Was there any video captured by Car Camera? (Yes (Nb) Third Party Driver's Particulars Vehicle B No: SJW 77525 Make & Model: Driver's Name: Victor Ninkel Ruth Elik NRIC NO: 65719787RHP No: Vehicle C No: Driver's Name: \_\_\_\_\_\_ NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_ Witness Particulars NRIC No: \_\_\_\_\_ HP No: \_\_\_\_\_



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(year)

VISIT PASS **Immigration Regulations** 

Name SLIEDRECHT CAROLINE JANTIEN



Date of Birth

Sex

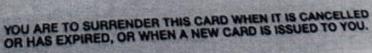
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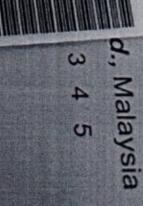
G3025458P 25-08-2017 25-08-2019

Nationality

NETHERLANDS

Date of Issue Date of Expiry





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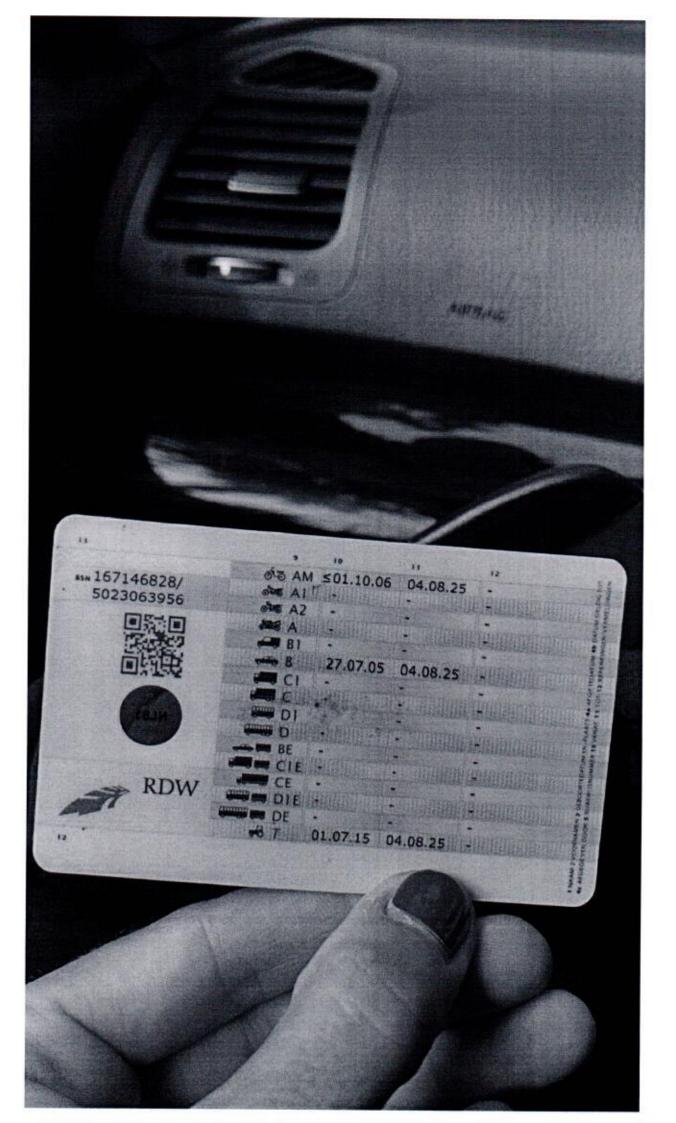
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My Desktop	Poli	cy Query									
Notice of Loss	Policy 1	NO.				Date	of Accident		16/05/2019	08:30	
	Vehicle	No.(For Motor)	SLD17	38K		Certi	ficate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109298763		RAS STEFAN VINCENT	G3023336R	GPC	drivo CLASSIC	SLD1738	SLD1738K	06/05/2019	05/05/2020
				EARLEST TO	- 1	Continue				-	

Policy No.	5109298763	Policyholder Name	RAS STEFA	N VINCENT	Policyholder NRIC	G3023336R	
Certificate No.					MICE	AND THE PROPERTY.	
Address	4 KING ALBERT PARK KING ALE	BERT PARK SIN	IGAPORE 598	1286			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	06/05/2019	Effective Date	06/05/2019	00:00	Expiry Date	05/05/2020 2	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	1000	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	/Inexperience Driver Excess
Agent	KINETIC INSURANCE AGENCY	Agent Tel.	66946128		GST Flag	Y	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
	holder Mailing Address						
Address 1	4 KING ALBERT PARK	Addre	ss 2	KING ALBERT PAR	K	Address 3	SINGAPORE 598286
Address 4		Addre	ss Type	Singapore address		Post Code	598286
Unit No.		Relati Numb	ed Policy per	5109298763			
) Insure	ed Object: SLD1738K						
	sements						

Print AK letter			Save Submit		
eport Taken By	Jackson				
ate Registered	16/05/2019 16:01	Claim Close Date		Date Received	16/05/2019 00:00
equire Finalisation	Yes	Preferend Repair Option	Preferred Workshop, Name unknown	GIA report	Received
referred Workshop Contact io.		Insured Liability *	Not at Fault		Section 1
laim Description	SLD1738K / SJW72S20 ON 16 May 2019	200 CO 00000 - 200	A CONTRACTOR OF THE PARTY OF TH	Name of Preferred Workshop	
laimant Address				]	7 <u>7</u>
laimant Name *	>>	Claimant NRIC *			
laimant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		1-1000
mail Address		OI Vehicle Number	SLD1738K	TP Vehicle Number	S7W72S20
Contact No. (Mobile)	91866527	Contact No.(Home)	no sterm sinceri	Insured NRIC Contact No.(Office)	G3023336R
Jaim Type *	ор-мх 💌	Insured Name	RAS STEFAN VINCENT	Inc. and MDIC	Canada
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init No. Joes he own a Singapore					
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daress 1	4 KING ALBERT PARK	Address 2	KING ALBERT PARK	Address 3	SINGAPORE 598286
ontact No.(Mobile)	97114786	Contact No.(Office)	Q .	Contact No.(Home)	0
egister Date of Driver License		Driver Age	38	Driving Experience	17
nnamed driver Name	SLIEDRECHT CAROLINE JANTIE	Driver NRIC	G3025458P	Driver DOS	25/04/1981
or OI Driver Info	Unnamed Driver	Driver Type	Unnamed Driver		
nt No. U OI Driver Info		Related Policy Number	5109298763		
ddress 4		Address Type	Singapore address	Post Code	598286
ddress (	4 KING ALBERT PARK	Address 2	KING ALBERT PARK	Address 3	SINGAPORE 598286
Policyholder Mailing Ad					
odification History				N-,	
ST Registration No.	315		GST Registration Date GST Status Venfied	Yes	
ST Registered	No		GST Registration Date		
<ul> <li>□ Benefits</li> <li>□ GST Registered Informa</li> </ul>	ation				
otal OD Excess Applicable		Total TP Excess Applicable			
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IED OD Excess		YIED TP Excess		Driver is Covered?	
D Standard Excess	600,00	TP Standard Excess	0.00		
00040-0440-0	100000000000000000000000000000000000000	ATTOONS AND MANAGE	100.00		
ocess Type	Per Accident	Windscreen Excess	100.00		
Acodent Location  Total Excess Applicable	65 BUKIT TINGGI RD				
eporting Centre	AS TO WIT THE CELLS	Orange Force		ICM No.	
Date of Accident	16/05/2019	Time of Accident his:mm	08:30	Country of Acodem	Singapore
eport Date	19/02/2018 12:28	Accident Report Wehin 24 hrs		Accident Type	Damaged whilst parked
Accident Details	20 apr 201 277 base				
CD Protection	No	NCD Entitlement(%)	0	Private Hire	No
FK	® No ○ Yes	TCA	No ○ Yes	eCode Reason	Designation of the second
mai Address		Special Remark		eCode	Tay V
ontact No.(Mobile)	97114785	Contact No. (Office)	0	Contact No.(Home)	0
	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Policyholder NRIC Leeding	G3023336R 0
roduct Code	RAS STEFAN VINCENT				W. Control
entificate No. Dicyholder Name roduct Code					

