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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

	ACCIDENT STATEMENT
Date Of Report	21/05/2019 11:15
Date Of Accident	21/05/2019 10:55
Exact Location Of Accident	EUNOS LINK SLIP RD INTO UBI AVE 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLM6655K
Insured/Policyholder	
Name Of Registered Owner	HUAN LEE CHENG
NRIC No	S0244228J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93864030
Alternative Phone No	OFFICE-93864030
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	LEARNING
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	5088592353-02
Cover Note Number	5
Driver	
Name of Driver	SIM MEI-ANN KATHERINE
NRIC No	S9930917B
Date Of Birth	30/09/1999
Occupation	INDOOR
Date Of Driving Pass	15/03/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-96496139
Fax Number	96 - 201 - 10 - 10 - 10 - 10 - 10 - 10 - 1
Contact Number	
EMail Address	NOEMAIL

Address 13A LENGKONG LIMA

Postcode 417551

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

Insurance Company of Driver's Own Vehicle

2

OTHER - LEARNER

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) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

2

NO

NO

: HUAN LEE CHENG

GENDER: : MALE

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

I STOP AT THE SLIP RD FROM EUNOS LINK TO CHECK THE TRAFFIC AT THE UBI AVE 3, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B (BEARING NO SFS5322S) FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SFS5322S

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 <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:

Name:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

TV- C-		
Ubi Ave 3		A = 51M 6655 K
		B = SFS 53225
MAL)		
1671		
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Eunos Link	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer to Statem	ent

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.:

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9930917B





Name

SIM MEI-ANN, KATHERINE

沈 美

CHINESE

Date of birth 30-09-1999 Country/Pince of birth SINGAPORE

5259075



NRIC No. S9930917B

Date of tea

17-01-2014

Address

13A LENGKONG LIMA SINGAPORE 417551 Singapore Police Force



Ask Jamie



* e-Services

Log in

Status of Driving Licence

Qualified Driving Licence

You are not a valid Singapore Driving Licence Holder.

Provisional Driving Licence

Provisional Driving Licence Number

S9930917B

Status of Provisional Driving Licence

Valid

Class(es) of Provisional Driving Licence

3

Expiry Date

14/03/2021

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 21/05/2019 11:08 Vehicle No.(For Motor) Certificate Number SLM6655K Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Commence Product Cover Type Expiry Date No. Object Date 5088592353-02 HUAN LEE CHENG drivo CLASSIC 502442283 GPC SLM6655K SLM6655K 17/03/2019 16/03/2020 Continue

Claim Handling						
Accident MT/1045332						
Policy No.	5088592353-02	Vehicle No.	SLM6655K		GST Registration No.	
Certificate No.						
Policyholder Name	HUAN LEE CHENG				Policyholder NRIC	5024
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile) Email Address	93864030	Contact No.(Office)			Contact No.(Home)	10
	10.00 A 10.00 A 10.00 A	Special Remark			eCode	No 1
KFK NCD Protection	* No Yes	TCA	* No Yes		eCode Reason	
Accident Details	No	NCD Entitlement(%)	30		Private Hire	No
Réport Date	21/05/2019 16:44	Accident Report Within 24 hrs	Yes		Accident Type	Collis
Date of Accident	21/05/2019	Time of Accident hh:mm	10:55		Country of Accident	Singa
Reporting Centre		Orange Force			ICM No.	3.11
Accident Location	EUNOS LINK SLIP RD INTO UBI AVE 3					
☑ Excess						
Own damage Excess	600.00	Additional Excess	1000		Windscreen Excess	100.0
Unnamed Driver Excess	2,500.00	Outside Singapore OD Excess		600.00		
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
▽ Benefits	W 22					
GST Registered Informa GST Registered	No.					
GST Registration No.			GST Registra GST Status		90-	
Medification History			937 318133	Termed	Yes	
⇒ Policyholder Mailing Add	fress					
Address 1	BLK 406 #11-303	Address 2	FAJAR ROAD		Address 3	cinc
Address 4		Address Type	Singapore address		Post Code	51NG/ 67040
Unit No.		Related Policy Number	5088592353-02		, 40, 444	07040
→ OI Driver Info						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	SIM MEI-ANN KATHERINE	Driver NRIC	599309178		Driver DOB	30/09
Register Date of Driver License	15/03/2019	Driver Age	19		Driving Experience	0
Contact No.(Mobile)	96496139	Contact No.(Office)			Contact No.(Home)	
Address 1	13A # LENGKONG LIMA	Address 2	5INGAPORE 417551		Address 3	
Address 4		Address Type	Singapore address		Post Code	41755
Unit No.						
Does he own a Singapore Registered car?	Yes a No	Driver Vehicle No.			Driver Insurer Company	
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	U Yes ⊯ No			
Modification History						
Claim 001 New						
200.020.0000						
Claim Type *				OD-MX	Insured HUAN LEE CHI Name	ENG
Contact No.(Mobile)				93864030	Contact No. (Home)	
Email Address				fussybao86@yahoo.com.sg	OI Vehicle SLM6655K	
Claim Description					Number	
Preferred				SLM6655K / SFS5322S ON 21	May 2019	
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Claim No.

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MT/1045332

Last Doc. Received

Yes No

Upload Date

21/05/2019 16:48

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