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Owner# Driver: (55.55		Tel:)
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Confirmed by : (Dates,	Time)
Insured/Driver Liability: (%) [Note-Est. Status (V	70): N: 0-2	0%; P: 21-79%	6. F: 80-1009	6)
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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,
- 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 todgement 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	Accept	DI=101	STIA	H=10	120	
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Date Of Report

27/05/2019 11:58

Date Of Accident

27/05/2019 02:30

Exact Location Of Accident

JB CUSTOM TOWARDS S'PORE WOODLANDS CUSTOM

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLJ6422G

Insured/Policyholder

Name Of Registered Owner

HUANG SHE THONG

NRIC No

S77892241

Email Address

YANNI.HUANG1979@GMAIL.COM

Mobile Phone No

(LOCAL) +65-83183141

Alternative Phone No

OTHERS-96446487

Vehicle Particulars

Manufacturer

TOYOTA

Model

ESTIMA

Exact Purpose for which vehicle was being used at

time of accident

COMING BACK FROM JB

Are you claiming under your own insurance policy

for repair to your vehicle?

NO

If 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

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5086760166-02

Cover Note Number

Driver

Name of Driver

YANNI HUANG @ ROYANI

NRIC No

\$8086491D

Date Of Birth Occupation

31/07/1980

Date Of Driving Pass

INDOOR 25/04/2011

Driving Experience

8 YEARS AND 1 MONTH

Gender

FEMALE

Mobile Number

(LOCAL) +65-83183141

Fax Number

Contact Number

OTHERS-96446487

EMail Address

YANNI, HUANG 1979@GMAIL.COM

Address

329 RIVER VALLEY ROAD

#20-01

Postcode

238361

SPOUSE

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

General Information of the Accident

Type Of Accident

SIDE SWIPE

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

NO

ambulance?

YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

94899241

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.
- 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.
- 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 Personnel's Signatur

Name:

NRIC/FIN No.:

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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: Kofa WH

Accident HT/1046135					
Policy No.	toocyanaa o-				
Cereficate No.	\$686760266-02	Vehicle No.	SUM422G	GST Registration No.	
Policyholder Name	HUANG SHE THONG			Policytosider ARIC	577892241
Frieduct Code	PRIVATE CAR INSURANCE	Cover Type:	drive CLASSIC	Loading	0
Contact No (Motive)	82183141	Contact No.(Office)	Company of the Compan	Cornert No.(Name)	W/
mail Address		Special Remark			
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v GST Registered Informat	tipe				
IT Registered	No		GST Registration Date		
ST Registration No.					
diffication Hatory			GST Status Verified	Yes	
F Policyholder Hailing Add	ress				
dress 1	324 HIVER VALLEY ROAD				
drama 4	THE PERSON WHILE THE PERSON	Address 3	#20-DL YONG AN PARK	Address 3	57NGAPORE 238361
	551	Address Type	Singapore apdress	Post Code	238363
II. No.	20-01	Autoriti Policy Number	5085760166-02		
P Of Driver Info					
tver Name	Unnamed Driver	Driver Type	Uninamed Oriver		
married driver Name	YANNI HUANG IP NOYANI	Driver NRJC	5809649(D	- Benzie Pere	TWI GAROLEY
gister Date of Driver Ucense	25/04/2013	Driver Age	38	DWWT DOD	31/07/1980
ritact No.(Hobia)	96416487	Contact Wo.(Office)	30	Shamp Experience	- 1
Green I	129 RIVER VALLEY BOAD			Contact No.(Home)	
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67 -F	NAC_RUNTT_MERAN_RODITA(NU \$ (BUKIT NERAN	NTIONAL ASSESSMENT CENTRE SERVICE 3) 04 27 May 2019 12:21	NRISC/ Orlong License	Normal	MATC/ Onling License 2019-5-27	
43	NAC_BURTT_MERON SCHOOLS IN	KTIDNAL ANSESYMENT CENTRE SERVICE () on 27 May 2015 12:21	SAS	Normal	EAS 2019-5-27	
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5/27/2019			Claim Handling(ac	cident reporting Claim	Task)	

ACCIDENT STATEMENT

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_CONTACT:-
CONTACT

email = yanni. huang 1979@ gmail com VIDBO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8086491D



YANNI HUANG @ROYANI

CHINESE 31-07-1980 Country/Place of birth

INDONESIA



9367101



HMC No. S8086491D



INDONESIAN 22-09-2015

329 RIVER VALLEY ROAD #20-01 SINGAPORE 238361

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

REPUBLIC OF SINGAPORE DRIVING LICENCE

YANNI HUANG

Brill Dam 31 Jul 1960

Marie Date: 23 Nov 2015

S8086491D

EFFECTIVE DATE

Motor Cars =< 3000kg with =<7 passengers, exclusive 25 Apr 2011 of the driver; and other motor vehicles =< 2500kg



NP 428A

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password · Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 27/05/2019 10:56 Vehicle No.(For Motor) SU6422G Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Policy No. Commence Date Product Cover Type Expiry Date 5086760166-02 HUANG SHE THONG drivo CLASSIC 577892241 SU6422G SU6422G 20/12/2018 19/12/2019 GPC

Continue