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NATIONAL Assessment Centre	e Services.	[wel 1 Jan'03] .	: MWA 119	0647	2	
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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.
- 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	28/05/2019 13:33
Date Of Accident	27/05/2019 14:00
Exact Location Of Accident	BISHAN RD TRAFFIC JUNC WITH BISHAN ST 21
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
/ehicle Registration Number	GV6527J
nsured/Policyholder	
Name Of Registered Owner	COTTON CARE
Co Reg No	52943438E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67477844
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	LITEACE
Exact Purpose for which vehicle was being used at ime of accident	WORKING
Are you claiming under your own insurance policy or repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
/ehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5045697475-08
Cover Note Number	Ø <b>∓</b>
Driver	
Name of Driver	MUHAMMAD IBRAHIM BIN HARON
NRIC No	S8304638D
Date Of Birth	28/02/1983
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2010
Driving Experience	9 YEARS AND 0 MONTHS
Sender	MALE
Mobile Number	(LOCAL) +65-96484379
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 431D YISHUN AVE 1 #06-609

Postcode

764431

Was driver an employee of the Insured's Company YES

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

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?

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

I STOP BEHIND VEH B AT THE TRAFFIC JUNC OF BISHAN RD & BISHAN ST 21 DUE TO RED LIGHT, MY VEH ACCIDENTALLY ROLLED FORWARD TOUCH ONTO VEH B REAR PORTION. NO SERIOUS DAMAGE ON OUR BOTH VEH.

## 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

SGE2229K

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

- 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.

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 .:

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			A= 57 6527;
	8		B= 566222
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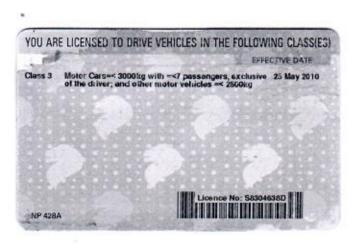
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:









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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident	3	27/05/2019	13:30	
	Vehicle	No.(For Motor)	GV652	73		Certif	icate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	9	5045697475- 08		COTTON CARE	52943438E	GCV	Third Party, Fire & Theft	GV65273	GV65273	01/10/2018	30/09/2019
	9				Г	Continue	CONTRACTOR OF STREET				

Claim Handling						
Accident MT/1046559						
Policy No.	5045697475-08	Vehicle No.	GV6527J		GST Registration No.	
Certificate No.						
Policyholder Name	COTTON CARE				Policyholder NRIC	529
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party, Fire &	Theft	Loading	0
Contact No.(Mobile) Email Address	67477844	Contact No.(Office)			Contact No.(Home)	
KFK	04210920	Special Remark			eCode	No
NCD Protection	* No Yes	TCA	• No Yes		eCode Reason	
Accident Details	No	NCD Entitlement(%)	0		Private Hire	Yes
Report Date	28/05/2019 17:31	Accident Report Within 24 hrs	Yes		Accident Ton	manus
Date of Accident	27/05/2019	Time of Accident hh:mm	14:00		Accident Type Country of Accident	Col
Reporting Centre		Orange Force	22122		ICM No.	Sin
Accident Location	BISHAN RD TRAFFIC JUNC WITH BISHAN ST 21	Section of the sectio			part mar	
♥ Excess						
Own damage Excess	0.00	Additional Excess			Windscreen Excess	0.0
Unnamed Driver Excess		Outside Singapore OD Excess			Williagoreen Excess	0.0
Third Party Excess	0.00	Outside Singapore TP Excess				
<b>▽</b> Benefits		Alberta - Little				
GST Registered Informa	tion					
GST Registered	No		GST Regis	stration Date		
GST Registration No.			GST Statu	& Verified	Yes	
Modification History						
Policyholder Mailing Add	Iress					
Address 1	53 UBI AVENUE 1	Address 2	#01-29 PAYA UBI I	INDUSTRIAL E	Address 3	79.00
Address 4		Address Type	Singapore address			SIN
Unit No.	01-29	Related Policy Number	5087968406-02		Post Code	408
OI Driver Info		The state of the s	500/900400-02			
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver			
Unnamed driver Name	MUHAMMAD IBRAHIM BIN HARC	Driver NRIC	\$8304638D		Driver DOB	201
Register Date of Driver License	25/05/2010	Driver Age	36		Driving Experience	28/
Contact No.(Mobile)	96484379	Contact No.(Office)			Contact No.(Home)	9
Address 1	BLK 431D #06-609	Address 2	YISHUN AVENUE 1		Address 3	VIS
Address 4	SINGAPORE 764431	Address Type	Singapore address		Post Code	764
Unit No.	06-609					. 704
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?	⊎ Yes ⊯ No			
Modification History  Claim 001 New						
Claim Type *				ор-мх	Insured COTTON CARE	
Contact No.(Mobile)					Contact	
					No. (Home)	
Email Address					OI Vehicle GV65273	
Claim Description				CHESTAL / SCHOOL ST	Number	
Preferred				GV65273 / SGE2229K ON	27 May 2019	
Workshop (0	Preferered Fully at Fault	T 611				
Finalisation Las	Repair Option Preferred Workshop, Name	unknown  GIA report Received	,	1	Claim	
Date Registered	5-10-2-11			28/05/2019 17:34	Close	
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Print AK letter						
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Attachment						
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Claim No.

MT/1046559

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