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## SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 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.
- 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.

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Date Of Report

28/05/2019 18:00

Date Of Accident

28/05/2019 08:30

Exact Location Of Accident

Country/State of Loss

PIE AFTER EXIT 4B BEFORE EXIT 4A TOWARDS CHANGI

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGQ7595G

Insured/Policyholder

Name Of Registered Owner

NGIAU CHEE WEI (RAO ZIWEI)

NRIC No

S7940681C

Email Address

RAOZIWEI@YAHOO.COM.SG

Mobile Phone No

(LOCAL) +65-81000552

Alternative Phone No

OTHERS-81000552

Vehicle Particulars

Manufacturer

TOYOTA

Model

WISH-1.8 (A)

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

5088903365-01

Cover Note Number

### Driver

Name of Driver

NGIAU CHEE WEI (RAO ZIWEI)

NRIC No.

S7940681C

Date Of Birth

24/12/1979

Occupation

INDOOR

Date Of Driving Pass

Driving Experience

01/12/2015

Gender

3 YEARS AND 5 MONTHS

MALE

Mobile Number

(LOCAL) +65-81000552

Fax Number

Contact Number

OTHERS-81000552

EMail Address

RADZIWEI@YAHOO.COM.SG

BLK 117 JURONG EAST STREET 13 Address

#20-145

2

NO

YES

NO

1

NO

NO

600117 Postcode

Was driver an employee of the Insured's Company NO

OWNER 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

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

GBJ2471J

Vehicle Make/Model/Colour

NISSAN

**Details Of Properties** 

Vehicle Category

COMMERCIAL VEHICLE

MUHAMMAD FARHAN BIN ABD RASHID Name of Driver

S8726375D NRIC/Passport Number

Contact Number

93358829

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- 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.
- 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:
  - 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: 28/05 2019 , 535pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

## 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:

NRIC/FIN No.:

Reporting Centre Personnel's Signature

Ident MT/1046577	CONTRACTOR OF	Vehicle No.	sogresso		GST Registration No.		
ny No. Oficata fin	5088903365-01	Vanctus Hat.	and and				
cyholder Name	NGIAU CHEE WEI (RAO ZIWEI)				Pulicyhalder WRIC	879406810	
but Code	PRIVATE CAR INSURANCE	Cover Type:	drive CLASSIC		Loading	a ·	
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port Date	29/05/2019 18:12	Time of Accident In:mm	56.30		Country of Accident	Singapore	
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egister Date of Driver License	2122065	Driver Age	39		Driving Experience	73	
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## Claim Handling(accident reporting Claim Task )

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19	NAC_BURIT_MERAN_BOOGTS( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MEXAN)) by 28 May 2019 18:14		SAS	Normal	SAS	2019-5-26	
	NAC_BUNIT_MERAH_BODE76( NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 26 May 2019 18:14		Photos	Normal	Photo	k 2019-5-28	
3	NAC_BURIT_MERAH_800676( N S (BURIT MERAH	ATIONAL ASSESSMENT CENTRE SERVICE (3) on 28 May 2019 18:14	Photos	Northall:	Photo	# 2019-5-2#	
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# ACCIDENT STATEMENT

ACCIDENT DATE: (24 ) 01 3019 (DD/MM/YYYY), TIME: (08 : 30 )(HH:M
LOCATION: PIE EXIT 4A
1. DETAILS OF VEHICLE  a) VEHICLE NUMBER: SEQ 7595 G
C)POLICY NUMBER: 5088903365-01
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEF
DIMAKE & MODEL: TO YOTA WISH 1.8
I)TYPE:(SALOON / COUPE / MPV)/VAN / LORRY / MOTORCYCLE / OTHERS)  g)VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)  h)PURPOSE OF USING AT ACCIDENT TIME:
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER A) NAME: NO IAU CHEE WE! [MALE / FEMALE]
DINRIC/FIN/PASSPORT: 579406&1 CONTACT: 81000552
CIADDRESS: 117 JURONG TOTAL STREET IS \$10-185
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
THO of passenges, DRIVER WEIGHT CHEE WEI
CINCLOTING CONTRACTOR STRUCK CONTRACTOR CONT
(A) OI CIADDRESS: 117 CURANG EAST STREET 13 # 20-145
*d) DATE OF BIRTH: ( 24/ 12/ 1979 ) (DD/MM/YYYY)
FIDERIE OF DRIVING PASC OF 11 2015
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED:
5. d) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
6. WAS ANYBODY INJURED (YES (NO)
7. a) REPORTED TO POLICE (YES //NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
He of passinger a) VEHICLE NUMBER: GBJ 2477 2471 MODEL: NISSAN
Including driver) b) DRIVER'S NAME: MUHAMMAD PARHAN BIN ARD RASHID
( )   C  NRIC/FIN/PASSPORT: 587 26375 D CONTACT: 9335 08 29
9. THIRD PARTY VEHICLE
Ho of PRSTANGER d) VEHICLE NUMBER: MODEL:
Industrial delical of Children of Children
NRIC/FIN/PASSPORT:CONTACT:
2 a g

email = raoziwei@yohoo.com.sg.

## REPUBLIC OF SINGAPORE IDENTITY CARD NO. S7940681C





NGIAU CHEE WEI (RAO ZIWEI)

饶 子

CHINESE 24-12-1979

Country of parth SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE S7940681C

NGIAU CHEE WEI

Date: 24 Dec 1979 Date: 01 Dec 2015

For LKK/NAC Use Only

3840887



25-01-2006

APT BLK 117 JURONG EAST STREET 13 #20-145 SINGAPORE 600117

HRIC No: S7940681C

Date: 28/11/2014

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

Motor cars with unladen weight =< 3000kg with =< 7 01 Dec 2015 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5088903365- 01		NGIAU CHEE WEI (RAO ZIWEI)	S7940681C	GPC	drivo CLASSIC	SGQ75950	5GQ7595G	18/06/2018	17/06/2019
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