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Owner / Driver: (7.00		T'el:		_ 			
Policy No: () Peri	od: () (Cover Typ	e; (
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2) QC Check / Post Repair Inspection	()							
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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
- 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.
- 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 indgement 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

atoresaid.	s and sport at the centre and to copies of the report being made available
him the distributed a microscopies of	ACCIDENT STATEMENT
Date Of Report	15/07/2019 21:00
Date Of Accident	15/07/2019 08:50
Exact Location Of Accident	KPE ENTRANCE (SENGKANG) JUST AFTER ERP GANTRY
Country/State of Loss	SINGAPORE
THE CO. OF COMMENT OF STREET STREET, S	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC5751L
Insured/Policyholder	
Name Of Registered Owner	LIM ZHI JIE, KEVIN
NRIC No	S9243868F
Email Address	VINZJ92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92331423
Alternative Phone No	OTHERS-92331423
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5091968165-01
Cover Note Number	
Driver	
Name of Driver	LIM ZHI JIE, KEVIN
NRIC No	S9243868F
Date Of Birth	18/11/1992
Occupation	INDOOR
Date Of Driving Pass	19/07/2011
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92331423
ax Number	Win-dwin-Environment (19.00) (
Contact Number	OTHERS-92331423
EMail Address	VINZJ92@GMAIL.COM

Address

BLK 148 RIVERVALE CRESCENT

#16-42

Postcode

540148

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

OTTI

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

RAINING

Road Surface

WET

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

110

Passenger 1

2

: PASSENGER

NAME: GENDER:

: FEMALE

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

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.
- 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: 15/4/2019

1640H

Driver's Signature

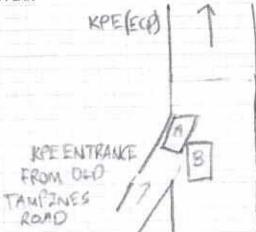
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



UNIKATONIO CAR

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS FILTERING INTO THE MAIN ROAD TO ENTER KPE.	
I OTH NOT KNOW THAT MY CAR BRUISH A GAINST A VEHICLE WHILE	
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I FOUND THAT MY CAR WAS SCRATCHED WITH REACHENG MY	
OFFICE CARPARK	
FILLE CHARLES	
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DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 15 /7/2019 1640H

Driver's Signature (If driver is not the policyholder) Date & Time:

Begorting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accordance has a consequence						
Arcident HT/1853566	101-101-101-101					
Pokce No. Commisse No.	\$0\$1968165-01	venice no.	SKC57911	GST Registration	fm.	
Prilicyholder Name	LIM ZHE IDE, KEVIN					
Product Cody:	PRIVATE CAR INSURANCE	Cover Type		Policyholder NRIC	592438601	
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Claim Handling(accident reporting Claim Task)

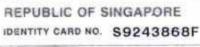
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ACCIDENT STATEMENT

48 7 200	SINI SIMIEMENT.
ACCIDENT DATE: 15 , 7, 2019	V. The second se
LOCATION VOE BITCHUSE YES	(DD/MM/YYYY), TIME:(08 55)(HH:MM. GKANG) JUST AFTER ERP. GANTRY
COCATION: NI - ENI KANCE (SEN	GKANE) JUST AFTER FRP GANTON
1. DETAILS OF VEHICLE	September 218 (Black)
a) VEHICLE NUMBER: SKC 57	EII
DIINSURANCE COLLE	31L
CIPOLICY MULAPER	UC INCOME
THE PERSON NAMED ASSESSMENT OF	
OFFICE TYPE: (COMPREHENSIN	E/THIRD PARTY / THIRD
OMAKE & MODEL: CHEVROLE	E/THIRD PARTY / THIRD PARTY PIRE ATHERT)
TITE:(SALOON / GOTTING () INC.	
9/VEHICLE CATEGORY: (PRIVATE	VAN / LORRY / MOTORCYCLE / OTHERS) OOMMERCIAL / MOTORCYCLE)
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INSURED / POLICY HOLD-	MELOKING ONLY
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	-35 FIGURE 110-47
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e) OCCUPATION: (INDOOR (OUTDO	92 J(DD/MM/YYYY)
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5. G) WEATHER CONDITION: (CLEARY R. b) ROAD SURFACE: (DRY / WET / CITE	AINING / OTHERS
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6. WAS ANYBODY INJURED (YES / NO)	
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(Including driver) b) DRIVER'S NAME:	CAR MODEL:
() C) NRIC/FIN/PASSPORT:	CONTACT:
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(Ind.) Passanger d) VEHICLE NUMBER:	MODEL:
The state of the s	
NRIC/FIN/PASSPORT:	

email = Vinzj92@gmail.com VIDEO





OF LIKK/NAC Use Only

林 智 傑 CHINESE

18-11-1992 Country of birth SINGAPORE







APT BLK 148 RIVERVALE CRESCENT #16-42 SINGAPORE 540148 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 3 Motor Christs 3000kg with <7 passengers, exclusive 19 Jul 2011 of the driver; and other motor vehicles << 2500kg

For LKK/NAC Use Only

NE anna

Licence No: \$9243868F

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	Select	Policy No. 5091968165- 01	Certificate Number	Policyholder Name LIM ZHI JIE, KEVIN	Policyholder NAIC S9243868F	Product	Cover Type drive CLASSIC	Vehicle No. SKC5751L	Insured Object SKC5751L	Commence Date 09/09/2018	Expiry Date 08/09/2019