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P Particulars: Veh No:	GBJ 31522 : INC	()/Non-INC()	
Owner / Driver: (0103 212	'Tel:)
Policy No: () Pc	riod: () Cover Type: (
Confirmed by : (Datet .	Times	nanta Adding
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0	-20%; P; 21-79%. P 80	-100%]
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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	16/07/2019 11:12
Date Of Accident	15/07/2019 17:00
Exact Location Of Accident	BLK 813 TAMPINES ST 81 OPEN CARPARK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGU3161E
Insured/Policyholder	
Name Of Registered Owner	NG LIAN SOON
NRIC No	S1740065G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85338891
Alternative Phone No	OFFICE-85338891
Vehicle Particulars	
Manufacturer	BMW
Model	3201
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5090793806-02
Cover Note Number	82
Driver	
Name of Driver	NG LIAN SOON
NRIC No	S1740065G
Date Of Birth	09/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	27/07/1994
Driving Experience	24 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85338891
Fax Number	
Contact Number	OFFICE-85338891
E14 (1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	NOTALL

NOEMAIL

Address BLK 813 TAMPINES ST 81 #08-536

Postcode 520813

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

OWNE

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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

ambulance?

Was any other material or property damaged?

YES

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

NO

Number of Passengers (Including Driver)

0

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

MY VEH WAS PARKED AT THE MENTIONED LOCATION, EVERTHING WAS INTACT, I RECEIVED A CALL FROM MY FRIEND, HE WITNESS THE VEH B WAS HIT ONTO MY VEH AND TRY TO LEAVE FROM THE SCENE, I QUICKLY WENT BACK TO MY VEH AND I FOUND DAMAGE ON THE FRONT RIGHT PORTION.

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 GBJ3152Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LAI CHUNG PUI NRIC/Passport Number S2572774F

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.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please	Refer	to	statemen t	

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 .:





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 15/07/2019 11:10 Vehicle No.(For Motor) SGU3161E Certificate Number Search Certificate Policyholder Name Policyholder NRIC Vehicle No. Select Policy No. Insured Commence Product Cover Type Expiry Date Number Object Date Third Party, 5090793806-NG LIAN Fire & Theft S1740065G 10/05/2019 09/05/2020 GPC SGU3161E SGU3161E 02 SOON

Continue

Claim Handling Accident MT/1053665

Policy No.	5090793806-02	Vehicle No.	SGU3161E		GST Regis	tration No
Certificate No.	15 1110 500U					
Policyholder Name	NG LIAN SOON				Policyhold	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & T	heft	Loading	and the same of th
Contact No.(Mobile) Email Address	85338891	Contact No.(Office)			Contact N	o.(Home)
	No. No.	Special Remark	No. and the second		eCode	
KFK	No Yes	TCA	No Yes		eCode Rea	
NCD Protection Accident Details	Yes	NCD Entitlement(%)	50		Private His	re
Report Date	16/07/2019 15:27	Accident Report Within 24 hrs	Yes		Accident T	ype
Date of Accident	15/07/2019	Time of Accident hh:mm	17:00		Country o	f Accident
Reporting Centre		Orange Force			ICM No.	
Accident Location	BLK 813 TAMPINES ST 81 OPEN CARPARK					
▼ Total Excess Applicable	OWALLA POLYCE	NOTE THE PARTY OF				
Excess Type	Per Accident	Windscreen Excess		0.00		
OD Standard Excess	0.00	TP Standard Excess		0.00		
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is 0	Covered?
Additional Excess	(TOTAL)			ANTAGE	\$1000SEE	899448
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00		
▽ Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Regist	ration Date		
GST Registration No.			GST Status			Yes
Modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 813 #08-536	Address 2	TAMPINES STREET	81	Address 3	10
Address 4		Address Type	Singapore address		Post Code	
Unit No.		Related Policy Number	5090793806-02			
OI Driver Info						
Driver Name	NG LIAN SOON	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S1740065G		Driver DO	В
Register Date of Driver License	27/07/1994	Driver Age	53		Driving Ex	xperience
Contact No.(Mobile)	85338891	Contact No.(Office)			Contact N	lo.(Home)
Address 1	BLK 813 #08-536	Address 2	TAMPINES STREET	91	Address 3	
Address 4		Address Type	Singapore address		Post Code	68
Unit No.						
Does he own a Singapore Registered car?	Yes • No	Driver Vehicle No.			Driver Ins	surer Com
Declaration						
Breathalyser or Blood Test	0 mg	Any injury?	⊕ Yes ● No			
Reading?	-08-50 -8 -0	333933*53*3	Mar. No. 2011 / Mar. (2012) /			
Modification History						
Claim 001 New						
Claim Type *				OD-MX	Insured Name	NG LIAM
Contact No.(Mobile)					Contact No.	678315
Email Address					OI Vehicle	SGU316
					Number	
Philosophy Philosophy Co. C. Co.				SGU3161E / GBJ3152Z ON	15 Jul 2019	
Claim Description Preferred Workshop 0	Insured Liability Not at Fault					
Preferred	Insured Liability Not at Fault Preferered Repair Option Preferred Workshop, No.	1 GIA	d ▼		Claim	

Report Taken By

LIEW SHAN HUI

Print AK letter Save Submit Attachment Accident No. MT/1053665 Claim No. Last Doc. Received Yes No Upload Date 16/07/2019 15:30 Path * Category * Confidential Choose File No file chosen Clear T NO Please Select Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select ۳ Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * NO Message Read **▽** Attachment List Attachment Uploaded By/Date Category Urgency Descr SERVEN NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 200 NRIC/ Driving License Normal NRIC/ Driving Li NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o SAS Normal 16 Jul 2019 15:30 SAS 20 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 Photos Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos 16 Jul 2019 15:30 Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 Photos Normal Photos 2 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 16 Jul 2019 15:30 Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 16 Jul 2019 15:30 Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal Photos 2 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal 16 Jul 2019 15:30 Photos 2

Folder Date

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File Name

Uploaded By/Date

Video List