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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.
 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	20/07/2019 13:27
Date Of Accident	19/07/2019 18:10
Exact Location Of Accident	INFRONT BLK 11 UPPER BOON KENG ROAD TRAFFIC JUNC
Country/State of Loss	SINGAPORE
D D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC8667C
Insured/Policyholder	
Name Of Registered Owner	DARREN NG WEE BOON
NRIC No	S9334506A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86113736
Alternative Phone No	OFFICE-86113736
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	SCIROCCO
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	5106596575
Cover Note Number	
Driver	
Name of Driver	DARREN NG WEE BOON

NRIC No S9334506A 22/09/1993 Date Of Birth Occupation OUTDOOR Date Of Driving Pass 04/10/2013

5 YEARS AND 9 MONTHS **Driving Experience**

MALE Gender

(LOCAL) +65-86113736 Mobile Number

Fax Number

OFFICE-86113736 Contact Number

EMail Address NOEMAIL Address BLK 2B UPPER BOON KENG RD #20-690

Postcode 382002

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR DRY Road Surface

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 1

NO

NO

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

I STOP AT THE JUNC OF UPPER BOON KENG RD & LOR 1 GEYLANG DUE TO RED LIGHT, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES YES

Was there any video captured by Car Camera?

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMB89E

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

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:
 - 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.:

ETCH PLAN		
	Lor 1 Geylang	A= 5KC 866
BIK 11		B = 5118 89
B ,	Upper Boon Keng	no(
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
0.		
Please	Refer to statement	
LARATION declare the foregoing par	ticulars are true in every respect.	the state of the s
yholder's Signature	Driver's Signature Repor	ting Centre Personnel's Signature

Date & Time:

(If driver is not the policyholder) Date & Time:

Name:

NRIC/FIN No.:





SINGAPORE ARMED FORCES **IDENTITY CARD**

DARREN NG WEE BOON



For LKK/NAC Use Only

S9334506A

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg

For LKK/NAC

CHINESE Date Of Birth 22/09/1993

NRIC No/Color

GENALTOSGFUNGS/S1990614

S9334506A/ PINK

B (+)

OFFICER

BIK 2B UPPER BOON KENG ROAD #20-690 SINGAPORE 382002

NP 428A





eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 Change Password Change Language Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 19/07/2019 13:25 Vehicle No.(For Motor) Certificate Number SKC8667C Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Commence Date Product Cover Type Select Policy No. Expiry Date Object DARREN NG drivo CLASSIC 5106596575 S9334506A GPC SKC8667C SKC8667C 24/12/2018 23/12/2019 WEE BOON Continue

Claim Handling Accident MT/1054287

Accident MT/1054287						
Policy No.	5106596575	Vehicle No.	SKC8667C		GST Regis	tration No
Certificate No.					CONTRACTOR OF THE PARTY OF THE	
Policyholder Name	DARREN NG WEE BOON	3/450 A A 42/500			Policyhold	er NRIC
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading	IV21VAPIA
Contact No.(Mobile) Email Address	86113736	Contact No.{Office} Special Remark			Contact N eCode	o.(Home)
KFK	« No Yes	TCA	e No Yes		eCode Rea	
NCD Protection	Na	NCD Entitlement(%)	0		Private His	
Accident Details	194	NED CHORESTER (10)	0		Trivate m	
Report Date	20/07/2019 15:24	Accident Report Within 24 hrs	Yes		Accident T	(vpe
Date of Accident	19/07/2019	Time of Accident hh:mm	18:10		Country of	
Reporting Centre		Orange Force			ICM No.	
Accident Location	INFRONT BLK 11 UPPER BOON KENG ROAD TRA	AFFIC JUNC				
▽ Excess						
Own damage Excess	600.00	Additional Excess	0		Windscree	n Excess
Unnamed Driver Excess	0.00	Outside Singapore OD Excess		600.00		
Third Party Excess	0.00	Outside Singapore TP Excess		0.00		
□ Benefits						
GST Registered Informat	tion					
GST Registered	No		GST Registration Date			
GST Registration No. Modification History			GST Status Verified			Yes
modification History						
Policyholder Mailing Add	ress					
Address 1	BLK 2B #20-690	Address 2	UPPER BOON KENG	ROAD	Address 3	
Address 4		Address Type	Singapore address		Post Code	
Unit No.	20-690	Related Policy Number	5106596575			
OI Driver Info						
Driver Name	DARREN NG WEE BOON	Driver Type	Main Driver			
Unnamed driver Name		Driver NRIC	S9334506A		Driver DO	В
Register Date of Driver License	04/10/2013	Driver Age	25		Driving Ex	
Contact No.(Mobile)	86113736	Contact No.(Office)		rara sur	Contact No	. 13
Address 1 Address 4	BLK 2B #20-690	Address 2	UPPER BOON KENG	ROAD	Address 3	
Unit No.	20-690	Address Type	Singapore address		Post Code	
Does he own a Singapore		Delication in the				- 20
Registered car?	Yes = No	Driver Vehicle No.			Driver Insi	urer Comp
Declaration						
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes · No			
Modification History						
INCOMENDATION WHICH						
Claim 001 New						
				OD-MX	▼ Insured Name	DARREN
Claim Type *				OD-MX	TAGILLIO.	
					Contact	
				86113736	100000000	
Contact No.(Mobile)					Contact No. (Home)	EVEREN
Claim Type * Contact No.(Mobile) Email Address					Contact No. (Home)	SKC8667
Contact No.(Mobile) Email Address					Contact No. (Home) OI Vehicle Number	SKC8667
Contact No.(Mobile) Email Address Claim Description	Insured Liability	(2)		86113736	Contact No. (Home) OI Vehicle Number	SKC8667
Contact No.(Mobile) Email Address Claim Description Preferred Workshop 0 Southern No. (Mobile)	Insured Liability Not at Fault Preferered Preferred Workshop, Nar	ne unknown v GJA Received		86113736 SKC8667C / SMB89E ON	Contact No. (Home) OI Vehicle Number	SKC866
Contact No.(Mobile) Email Address Claim Description	Insured Liability Not at Fault Preferered Repair Preferred Workshop, Nar	GIA /	ı ▼	86113736 SKC8667C / SMB89E ON	Contact No. (Home) OI Vehicle Number 19 Jul 2019 Claim	SKC8667
Contact No.(Mobile) Email Address Claim Description Preferred Workshop Boduset No. Finalisation Yes	Preference Preferred Workshop, Nar	ne unknown GIA Received	1 ▼	86113736 SKC8667C / SMB89E ON	Contact No. (Home) OI Vehicle Number 19 Jul 2019	SKC8667

