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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 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.
- 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

 By the lodgement of this report to the insurers, you hereby conset foresaid. 	nt to the archiving of this report at the certife and to copies of the report of the
We want to the state of the state of	ACCIDENT STATEMENT
Date Of Report	23/07/2019 11:29
Date Of Accident	22/07/2019 21:20
Exact Location Of Accident	BLK 271 BUKIT BATOK EAST AVENUE 4 CARPARK
Country/State of Loss	SINGAPORE
SE DICK DESIGNATION OF THE DESIG	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJQ2620P
Insured/Policyholder	
Name Of Registered Owner	NG CHEOW HIA
NRIC No	S1480622I
Email Address	SHARONSOON5404@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98208854
Alternative Phone No	OTHERS-98208854
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	A180
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	5109127367
Cover Note Number	
Deliver	

Driver

NG CHEOW HIA Name of Driver S14806221 NRIC No 09/09/1961 Date Of Birth INDOOR Occupation 25/05/1992 Date Of Driving Pass

27 YEARS AND 1 MONTH **Driving Experience**

FEMALE Gender

(LOCAL) +65-98208854 Mobile Number

Fax Number

OTHERS-98208854 Contact Number

SHARONSOON5404@GMAIL.COM EMail Address

Address

BLK 28 BUKIT BATOK EAST AVENUE 2

#17-19

Postcode

659921

OWNER

Was driver an employee of the Insured's Company

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

SIDE SWIPE

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

NO

ambulance?

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)

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

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS HEAD TO SIDE)

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

SJP1127J

Vehicle Make/Model/Colour

HYUNDAI

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.
- 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)

l 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: 23 7 1

11.10 am

Ng Cheow Hia

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

	271 BT BMOK EAST AVAY
A)SJQ2620P B1SJP11275	I A A PER L
SCRIBE CIRCUMSTANCES OF THE ACCIDENT	,
straight road near a small turning on my door panel. After the vehicle driver reverse back to carpark. I parking lot.	Bukit Batok East Ave 4 (arpark on Suddenly a vehicle (SJP1127J) hit my door panel the just realize the car is turning out from

Policyholder's Signature

Date & Time: 23 /7/19 11-10 am

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

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

Claim Handling Accident MT/1054574 GST Registration No. 5109127367 Valuate No. 53028268 Certificate No. Publicyholder NR3C \$14806222 Pullcyholder Name NG CHEOW HEA shrive CLASSIC ġ Cover Type Product Colle PRIVATE CAR INSURANCE Contact No.(Home) Contact No.(Nobile) 9820885A Contact No. (Office) Email address Special Seman **eCode** No. 5 eCode Reason - No Yes NCD Entitioners(%) **NCD Protection** No * Accident Details Accident Report Wilton 24 firs Accident Type Others Report Date 23/07/2019 11:36 Country of Applicant Singapore Time of Accident titl own 21120 Date of Accident 22/07/2019 Reporting Centre Orange Force ICM No. BUK 271 BUKIT BATOK BAST AVENUE 4 CARPAIK Appdent Lucation Total Excuss Applicable 100.00 Per Accident Windscreen Excuss 0.00 TP Scandard Excess 00 Standard Excess 600.00 Driver is Covered? VIED OD Excess 1.00 YIED TH'Excess 0.00 Total TP Excess Applicable 0.00 Total DO Eccess Applicable w Benefits ■ GST Registered Information **GST Registered** GST Registration Gale GST Status Verified 784 **(UST Registration No.** Hudforder History SINGAPORE 659921 F17-19 HILLYIEW REGENCY Address 1 28 BUKIT BATOK EAST AVENUE Address 2 **Front Cinds** 659921 Singapore address Addmin 8 ADDRESS Type Related Policy Number 91/09127567 Main Drive NG CHEDW HIA Driver Name Oriver NASC 514806221 Driver DOS 09/09/1961 Unnemed driver Name Driving Experience 25 Oriver Age Register Date of Driver License 20/05/1992 Contact No.(Home) Contact No.20ffice) Cardact No (Hobbie) prinness Address 3 SINGAPORE 699921 #1.7-79 HOLLVIEW RECENCY Andress 5 28 BUKIT BATOK DAST AVENUE Address 2 Acidona 4 Address Type Singapore address **Post Code** 659931 Does he own a Singapore Registered carf Driver Vehicle No. Driver Insurer Company NIUC Yes o No 51024259 Declaration breathalyser or Bland Test. Reading? Any mjury? Fes + No 0 mg Moothcason History Claim 001 Haw Insured NG CHEOW HIA lower NRIC 514004221 OD-MX Claim Fype * Contact No (Mobile) or venide Sigzazor eimyi_ng@yahos.com SJP11271 firmall Address Name of Professor Claim Description 53Q2620F / 5JP11272 ON 22 Tut 2019 Professed Usburly Mot at Feut Rippir Rippir Option Workshop Remark No. Yes Finalization Yes GIA Received Preferred Workshop, Name un Date 23/07/2019 00:00 23/07/2019 11:42 Date Registered BOSLI WAHAS Report Taken By Save | Submit Attachment: Accident No. M1/1054E74 Claim No. 001 Upland Oats 23/07/2019 11:45 W Yes - No Urgancy # Description 1 Path. Category * Confidential * Normal * NO + Clear Please Select Choose File No file chosen 4 (100) ٠ ٠ Choose File No file chosen Clear Please Select Choose File No file chosen Cker Please Select * NO + Nozmat * Normal Choose File No file shosen * NO ٠ Diesr Please Select * NO * Normal . Choose File No file chosen Clear Please Select * 80 . 110 Please Select Chasse File : No file shason Clear Sent Hessage Hessage Read TAttachment Livi Hag Sent? (CO) Ŷ Description Attachment Uploaded By/Date Category urgency MAC_BURST_MERAH_600676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURST MERAH)) on 23 Jul 2018 13:45 Photoe 2019-7-23 Photos Protes 2019-7-23 NAC BUNIT MERAH, BIOK76(NATIONAL ASSESSMENT CENTRE SERVICE S (WAXT MERAH)) on 23 Jul 2019 11:45

	Uploaded By/Date	Folder Date	Sec.	le Norre	Ŷ	Source	Action
Video List							
	NAC_BLAST_MERAH_BOOKSN(N/ 5 (BUKST MERA)	ATTONAL ASSESSMENT CENTRE SERVICE (7) on 23 Jul 2018 11:43	NRSC/ Driving License	Normal	NA1C	/ Sriving Ucense 2019-7-23	
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ACCIDENT'STATEMENT

ACCI	DENT DATE: (22) + 1 2019	J(DD/MM/YYYY).	TIME: (21 . :	20)(HH:MM)
LOCA	MON: 271 Bukit East X	Ave 4 Carpa	rk.	Е.
	DETAILS OF VEHICLE	Q2620P		
	b) INSURANCE COMPANY:	NTUC		
		127367		
				with the same of the same
	OJPOLICY TYPE: (COMPREHEN	des Benz Als	0	
114	f)TYPE:(SALOON / COUPE / MF	V/VAN/LORRY	/ MOTORCYC	CLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVA h) PURPOSE OF USING AT ACC			(CLE)
	I) ARE YOU CLAIMING UNDER Y			
55	IF NO. PLEASE STATE (THIRD &	ARTY CLAIM / REF	ORTING ONL	Y) .
2.,	INSURED / POLICY HOLDER	11:-		
		w Hia	(MA	LE / FEMALE
	b NRIC/FIN/PASSPORT: SI	4806J2I		98208854
			ast Ave 2	#17-19
10	Control of the Contro	9921	*******	
	* CONTINUE TO 3.d IF DRIVER A	ALSO POLICY HOL	.DER	A1 00
Februaria to ont	DRIVER .	000011		
(Including driver)		ABOUTC	(MAI	LE / FEMALE)
(1)	b)NRIC/FIN/PASSPORT:	- Committee - Comm	_CONTACT:_	Vaccination of the Control of the Co
-+1	c)ADDRESS:			
	"d) DATE OF BIRTH: (/		M/YYYY)	2.2
	e)OCCUPATION: (INDOOR / O			
	HONE OF DRIVING PASS WAS DRIVER AN EMPLOYEE			100000000000000000000000000000000000000
4.	WAS DRIVER AN EMPLOYEE	OF THE INSURED	o's compani	(AES \ NO)
	IF NO, RELATIONSHIP OF TH			
a.	a) WEATHER CONDITION: (CLEA		THERS	
	b)ROAD SURFACE: (DRY / WET	/ OTHERS		
0.	WAS ANYBODY INJURED (YES /	NO)		2 2
6	a) REPORTED TO POUCE (YES / I			4
	IF YES, PLEASE STATE WHICH P	OLICE STATION:		
the of passenger	THIRD PARTY VEHICLE	11075	r armananan ciri	
the of passenger	b) DRIVER'S NAME:	1170	_MODEL:	
· memering driver.).	b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:		CONTACT	
()	THIRD PARTY VEHICLE		_CONTACT:_	
	d) VEHICLE NUMBER:		MODEL:	
the of passanger	e) DRIVER'S NAME:		MODEL!	24 10
Including driver)		- Company	00117107	
1	f) NRIC/FIN/PASSPORT:		_CONTACT:_	
	42° - 87			

email = VIDEO

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$14806221





NG CHEOW HIA

CHINESE

09-09-1961 SINGAPORE







APT BLK 28 BUKIT BATOK EAST AVENUE 2 #17-18 SINGAPORE 959921 NRIC No: \$14806221

Date: 28/02/2018



.eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 Change Language · Change Password + Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 22/07/2019 11:26 Vehicle No.(For Motor) 53Q2620P Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC insured Object Commence Vehicle Select Palicy No. Product Cover Type Expiry Date No. Date NG CHEOW HIA drivo CLASSIC 5109127367 514806221 53Q2620P S3Q2620P 25/04/2019 24/04/2020 Continue