NATIONAL Assessment Cent			MMBN910181.	· · · · · · · · · · · · · · · · · · ·
Date In: 0810810019 15:49.	Job description	wel   Jan 05] .	Date &Time Complete	d Done by
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TP Insurer:			Owner/Wksiz	
Proformed Wksp / INC Assign Wksp / QW: (		No.	Tol:	Fax:
TP Particulars: Veh No:	IV tabott	. INC(	)/Non-INC( )	
Owner / Driver: (	21464		Tel:	)
Policy No: ( ) P	Period: (	)	Cover Type: (	).
Confirmed by : (		Date:	Timer	)
Insured/Driver Liability: ( %)	[Note-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 8	0-100%]
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- Please report <u>correctly</u> 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 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 aforesaid.

	ACCIDENT STATEMENT
Date Of Report	03/08/2019 15:49
Date Of Accident	03/08/2019 10:00
Exact Location Of Accident	ALONG KPE BEFORE TUNNEL TOWARDS CITY
Country/State of Loss	SINGAPORE
and the second second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJG1047D
Insured/Policyholder	
Name Of Registered Owner	NG WEI XING
NRIC No	S6908950Z
Email Address	WILLIENG2000@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-87288813
Alternative Phone No	OTHERS-87288813
Vehicle Particulars	
Manufacturer	HONDA
Model	FIT-1.3 G (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	5029499700-11
Cover Note Number	

### Driver

 Name of Driver
 NG WEI XING

 NRIC No
 \$6908950Z

 Date Of Birth
 20/03/1969

 Occupation
 INDOOR

 Date Of Driving Pass
 10/01/1996

Driving Experience 23 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87288813

Fax Number

Contact Number OTHERS-87288813

EMail Address WILLIENG2000@YAHOO.COM.SG

Address 89 PASIR RIS HEIGHTS

#08-14

Postcode 519286

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 Vegistration Number of Driver's Own

iicie

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident CHAIN COLLISION

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

3

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

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

YES

NO

Number of Passengers (Including Driver) 4

Passenger 1

NAME:

: WIFE

GENDER:

: FEMALE

Passenger 2

NAME:

: SON

GENDER:

: MALE

Passenger 3

NAME:

: DAUGHTER

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 SLV5962H

Vehicle Make/Model/Colour

KIA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

FOO TOON HUI

NRIC/Passport Number

S7507534J

Contact Number

93865997

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

**SLR9010A** 

Vehicle Make/Model/Colour

MAZDA

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NEO JUNBIN

NRIC/Passport Number

0 1 1 1 1 1

S8242729E

Contact Number

82333825

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.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding 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. 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.
- 7. 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:
  - (i) 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
- 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:

SKETCH PLAN	ALONG	KPE	BEFOR4	TUKSNIK C	lowned?	cny
A) 57(	\$ 10470			A		
B) SLV	5962H			B		
c) SLR	9010 A		1 1	10		
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DECLARATION		um (2000)				
/We declare the fo	oregoing particula	rs are true i	n every respect.			110
(AVI)					11/ C	3/00/290
Policyholder's Signat	ture	Driver's	Signature		Reporting Centre Pe	ersonnel's Signature
Date & Time:	1545		r is not the policyh	older)	Name: NRIC/FIN No.:	KOSLI /1959/150
GIAMME SHOTCH OPPORT	m V3	Date &	inite;		NINC/FIN NO.:	2

## Claim Handling Accident MT/1056310

Policy No.	5029499700-11	Vehicle No.	SJG1047D	GST Registration
Certificate No.				
Policyholder Name	NG WEI XING			Policyholder NRI
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC	Loading
Contact No.(Mobile)  Email Address	87288813	Contact No.(Office)		Contact No.(Hon
		Special Remark		eCode
NCD Protection	« No. Yes	TCA	No Yes	eCode Reason
Accident Details	Yes	NCD Entitlement(%)	50	Private Hire
Report Date	03/08/2019 16:24	Accident Report Within 24 hrs	Yes	Accident Type
Date of Accident	03/08/2019	Time of Accident hh:mm	10:00	Country of Accid
Reporting Centre	VEST AND CONTROL SECTION AND CONTROL - OWNER AND CONTROL OF THE	Orange Force		ICM No.
Accident Location	ALONG KPE BEFORE TUNNEL TOWARDS CITY			
☑ Total Excess Applicable				
Excess Type	Per Accident	Windscreen Excess	100.00	
OD Standard Excess	0.00	TP Standard Excess	0.00	
IED OD Excess	0.00	YIED TP Excess	0.00	Driver is Covered
Additional Excess	0			priver is contribu
fotal OD Excess Applicable	0.00	Total TP Excess Applicable	0.00	
<b>▽</b> Benefits		PARTICULAR STATE OF THE STATE O		
Coverage			Sum Insured	
xcess Waiver			9999999999	
ransport Allowance			99999999.99	
□ GST Registered Information     □ GST Registered Infor				
	tion			
	No No		GST Registration Date	
ST Registered ST Registration No. odification History Policyholder Mailing Add	No	Address 2	GST Status Verified	Yes Address 3
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# ACCIDENT STATEMENT

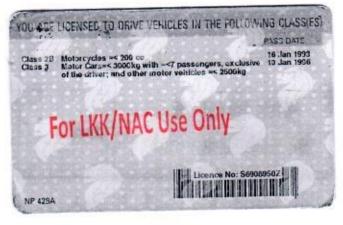
ACCIDENT DATE: 03/08/1019 (DD/MM/YYY), TIME: 09:59 (HH:M
LOCATION: KPE before Turnel towards city
1. DETAILS OF VEHICLE
a) VEHICLE NUMBER: SJG 10 47 D
DINSURANCE COMPANY: NTUC
CIPOLICY AUTHORS TO 24 H 4 2 7
CJPOLICY NUMBER: 5029499700 - 11
DIPOLICY TYPE: COMPREHENSIVE / THIRD PARTY FIRE &THEF
SALOONY COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS
h) PURPOSE OF USING AT ACCIDENT TIME: MATE
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES (NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
2. INSURED / POLICY HOLDER
AINAME: HE WIEL YOU
DINRIC/FIN/PASSPORT: S 690 8950 Z
CIADDRESS 89 Page P. Harling
DOUGHTAN CHADRESS: 89 Pasis Ris Heights #08-14 S(519286)
* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
T person dec Driver
CINAL STRAME AS HERVE
(4) b)NRIC/FIN/PASSPORT:
c/ADDRESS:
"d) DATE OF BIRTH: (20/03/1969 )(DD/MM/YYYY)
E)OCCUPATION: (MDOOR) OUTDOOR)
DON'S OFDRIVING DACK 10/01/1991
4. WAS DRIVER AN EMPLOYEE OF THE INSUPERIOR COMPANIE OF THE INSUPERIOR
TO THE DRIVER WITH INCLINED.
WEATHER CONDITION: ICLEADY PAINING CONTING
DINOAD SURFACE: (DRY// WET / OTHERS
o. WAS ANYBODY INJURED (YES / NO)
/ GIREPORTED TO POLICE (YES /NO)
IF YES, PLEASE STATE WHICH POLICE STATION:
N. ININD PARTY VEHICLE
(Industrial Deliveries NUMBER: SLV 5962 H MODEL: KIA
DRIVER'S NAME: FOO FOON MUI
C) NRIC/FIN/PASSPORT: 5750 7534 1 CONTACT: 9386 5997
HO OF PASSENGER OF VEHICLE NUMBER: SUR 9010A MODEL: MAZDA
(Indudice to e) DRIVER'S NAME: NEO JUNBIN.
CONTROL CIVILLY ) EL LIBIO INTERNADA DE LA CONTROL DE LA C
( ) NRIC/FIN/PASSPORT: 3824;729E CONTACT: 8233 3825
W (2)

email = willie mg2000 & yahoo. com.sg









eBaoTech GeneralClaim Hello, NAC\_PAYA\_UBI\_800601 · Change Password · Change Language Log Out My Desktop **Policy Query** Notice of Loss Policy No. 03/08/2019 15:38 Date of Accident Vehicle No.(For Motor) SJG1047D Certificate Number Search Policyholder Name Policyholder NRIC Certificate Number Vehicle Insured Object Commence Date Select Policy No. Product Cover Type Expiry Date No. 5029499700drivo CLASSIC NG WEI XING S6908950Z GPC SJG1047D SJG1047D 20/06/2019 19/06/2020 11 Continue