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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.
- 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.
- 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 aforesaid.

CHEROLES TO RESIDENCE THE	ACCIDENT STATEMENT
Date Of Report	21/08/2019 16:53
Date Of Accident	20/08/2019 18:30
Exact Location Of Accident	COMMONWEALTH AVE WEST TOWARDS CLEMENTI AVE 3
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU1633M
Insured/Policyholder	
Name Of Registered Owner	NG KEE LEE
NRIC No	S1241669E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90175041
Alternative Phone No	OTHERS-90175041
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	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	5101891682
Cover Note Number	
Driver	
Name of Driver	NG KEE LEE
NRIC No	S1241669E
Date Of Birth	19/06/1957
Occupation	INDOOR
Date Of Driving Pass	25/01/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90175041
Fax Number	
Contact Number	OTHERS-90175041
AND THE PROPERTY OF THE PROPER	

NOEMAIL

Address

BLK 28 BUKIT BATOK ESAT AVENUE 3

#17-19

Postcode

659921

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

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 ambulance?

NO

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)

Passenger 1

NAME:

: GRANDSON

GENDER:

: MALE

Passenger 2

NAME:

: GRANDSON

GENDER:

: MALE

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 Vehicle Make/Model/Colour

SLS100C

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

- 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.:

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A) SJU 1633M B) SLS 100C	Tal 1	Commonwhally Auk what

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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a hit when I go down	Saw my car	bumper is already	du drop os	ş.
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## 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

NRIC/FIN No.:

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dice No.	#FUCHDOWNS	Versite No.	\$3(16)314	457 Registration No.	
ertificate No. obcyholów Name	NG KEE LEE			Policyholder NKIC	51341N69E
roduct Code	PREVATE CAR INSURANCE	Cover Type	OHIN CLASSIC	sauting	\$1241169E
Instact No. (Mobile)	80175041	Centact No.(Office)	died caracite	Contact No.(Home)	
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crisc	- No. Yes	TCA	- No Yes	eCode Resear	
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W Accident Details					
Report Date	21/08/2029 17:08	Accident Report Within 24 fire	766	Acorden Type	Sale Swipe
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Reporting Centre		Grange Ferta		JCH No.	
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Jost No.	19-07	Related Policy Number	1001891662	MINERE	1,000,000
□ OI Briver Info					
Driver Name	NG NZE LEE	Driver Type	Ham Driver		
Unisched driver Name		Deliver NRIST	513910098	Driver DOIL	19/96/1957
Register Date of Driver License	25/01/19/9	Driver Age	63	Driving Expenence	41
Cortact No.(Mutate)		Cornect No. (Office)		Contact Neu(Home)	
Address 1	28 BURIT BATCH EAST AVENUE	Address 3	#17-19 HOLLVIEW RECENCY	Address 3	STARFALDKE 62AMT
60dress #		Adoress Type	Singapore address.	Pins Code	69921
Unit No.	10-90				
Disea he own a Simplesore Registered car?	Yes + No	Ormer Variote No.	210191314	Driver Insurer Company	NYUG
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# ACCIDENT STATEMENT

ACCIDENT DATE: 120	108) 19 100/MM/	//// TIME:/ /@	20	(I) (00)
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1. DETAILS OF VEH	ICLE 0=			
DIVERICLE NU	10ER: SJU1633N	Λ .	10, 20	
b)INSURANCE (				
G)POLICY NUM	ER: 5101891682	37/200		
d)POLICY TYPE:	COMPREHENOVE / THIRD	DADDA ATLÂNT	AND AND SHOULD SHOW THE REAL PROPERTY.	
OMAKE & MOD	El.	PARIY / THIRD PART	Y FIRE WITHERT	}
9 91VEHICLE CATE	/ COUPE / MPV /VAN / LO	RRY / MOTORCYCI	E./ OTHERS)	
h)PURPOSE OF I	GORY: (PRIVATE / COMMEI SING AT ACCIDENT TIME:	Beial/Motorcy	CLE)	
				4
IF NO. PLEASE	AING UNDER YOUR OWN IN	ISURANCE (YES/NO	)	
GREGIOSAM 2. INSURED / POLICE		REPORTING ONLY	KT .	7
AJNAME:	Na kee Lee	1	1	
binric/fin/Pass	PORT: \$1241669E	(MALE	FEMALE)	
CIADDRESS BIK	28 Bukit Batok Fast	CONTACT:_	90175041	_
- Office Charles	28 DIKIT DOTOK FAST	Ave 2 #17-19	5(659921)	<u> </u>
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THO of passonger DRIVER	d IF DRIVER ALSO POLICY H	HOLDER	31 114	
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"d) DATE OF BIRTH	, , ,			3 9
eloccupation:	IMDOOR / OUIDOOR)	V/MM/YYYY)		
DOTE OF DRIVING	DAGE PAGE			*
4. WAS DRIVER AN	EMPLOSS -	<del></del>		
IF NO. RELATION	EMPLOYEE OF THE INSUR	RED'S COMPANY?	(YES / NO)	36
5. GIWEATHER CONT	SHIP OF THE DRIVER WI	TH INSURED:		
		OTHERS		
6. WAS ANYBODY IN	(DRY / WET / OTHERS	1.0		1
7. a) REPORTED TO PO	OKED (AES / NO)	AND A THE REAL PROPERTY.		
IF YES, PLEASE ST.	TE WHICH POLICE STATION	¥1		4
B. THIRD PARTY VEHIC	TE WHICH POLICE STATION			
" " " I'm 55/Marr of VELLICIE LINE	www. Chelena	W.S. 20		
( Including driver) b) DRIVER'S NAM		MODEL:		
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9. THIRD PARTY VEHIC	# COL	CONTACT:		
Who of passanger d) VEHICLE NUMB	ip.			(9
(Industry du e) DRIVER'S NAMI	,	MODEL:		¥ (‡
(Induding driver) 1) DRIVER'S NAM	Ont		4 .	
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email = VIDEO







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

PASS DATE

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

25 Jan 197

For LKK/NAC Use Only

NP 428A



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