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SINGAPORE ACCIDENT STATEMENT

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 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.

DECLEDENCE IN STREET, INC.	ACCIDENT STATEMENT
Date Of Report	02/09/2019 18:34
Date Of Accident	31/08/2019 14:20
Exact Location Of Accident	JUNCTION OF HOUGANG AVENUE 3/HOUGANG STREET 32
Country/State of Loss	SINGAPORE
Value of 1975 have bed to be properly by a D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT4005L
Insured/Policyholder	
Name Of Registered Owner	REAL-TIME PERSONAL TRANSPORT SERVICES
Co Reg No	53332016W
Email Address	RAYMAC1967@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96335870
Alternative Phone No	OFFICE-96335870
Vehicle Particulars	Open United A 有名がなら使用がたい。
Manufacturer	MITSUBISHI
Model	LANCER EX-2.0 L GT (A)
Exact Purpose for which vehicle was being used at time of accident	지금계 에 돌아보고 사용하다 이 아무지 하지만 아니라.
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5079233752-02
Cover Note Number	
Driver	
Name of Driver	RAYMOND SEW WENG CHEONG
NRIC No	S1786466A
Date Of Birth	12/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	28/03/1996
Driving Experience	23 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96335870
Fax Number	Viestar-indiversitation (VIII)
Contact Number	OTHERS-96335870
EMail Address	RAYMAC1967@YAHOO.COM.SG

Address

BLK 295 TAMPINES STREET 22

#03-518

Postcode

520295

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

/ehicle

Insurance Company of Driver's Own Vehicle

•

General Information of the Accident

Type Of Accident

COLLISION - MAJOR/MINOR RD

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

2

Was any body injured in the Accident?

NO.

Was any injured conveyed to hospital by ambulance?

NO

NAME OF TAXABLE PARTY.

...

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)

2

Passenger 1

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 Vehicle Make/Model/Colour

SJQ5214J HONDA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

MRS TAN

NRIC/Passport Number

Contact Number

97325214

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

2

GENDER: :

Page 3 of 17

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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- 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.:

		Masjed En-Nacem	
House and 37/2	#32 Ppn /	Tampines Rd	
B) SJQ 5214J	A 1801	-Accident location In the Yellow Box My verticle.	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31 Aug 2019 at about 1420 hrs, I was driving along
Hougary Ave 3 and came to a stop behand the yellow
box located at a intersection of Hougang Street 32.
The Yellow box was about Bon from the cross Tundo
of Hougary Ave 3 and Tany he Rd.
While stopping behind the Yellow box, the road
ahead of me was deared and Latour green light
to my twoyr. There was a vehicle stoppy on
my right, also behind the yellow box warting to make
a right turn to Tamphes Road.
I took a few bok at the Jower who had
tar(geted me earler for a few seconds. Knowing
the road ahead of me was cleared, I turned!
around my head to st my front with the intertan
to drive off. The makes I tomed. The moment
I tried to Jave off the vehicle SJQ 5214-J was
In the yellow box night in front of my car. It was so
near that I could not stop in time to avoid hitting the
driver's front door of the vehicle.
DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 2

Driver's Signature (If driver is not the policyholder) Reporting Centre Personnel's Signature Morame:
NRIC/FIN No.:

5GD 30,00

Paid Amount



Acknowledgement

Transaction Details

UEN 53332016W

Entity Name REAL-TIME PERSONAL TRANSPORT SERVICES

Transaction Number 5190034900

EP Reference No. 20190324180435875 Receipt Number ACRA190324014938

Payment Date 24/03/2019 18:04:04

Descriptions

Amount(SGD)

APPLICATION TO RENEW REGISTRATION OF PERSON(S) AND BUSINESS NAME (1 YEAR)

30,00

Message Section

Your Business Registration of REAL-TIME PERSONAL TRANSPORT SERVICES has been successfully renewed for 1 years and will expire on 17/03/2020.

You will receive a free Business Profile of this entity via email the next day.

Rate our e-Service

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Claim Handling(accident reporting Claim Task)

	Upleaded By/Date	Folder Date	file	Name	T Source	Action
⇒ Video List						
	MAC_BURST_MERAH_B00675(NA S (BURST MERAH)	TIONAL ASSESSMENT CENTRE SERVICE I ON DZ Sep 2019 18:45	Photos	formal	Photos 2019-9-2	
30	NAT_BURST_MERAN_0006760 NA	TIONAL AGRESSMENT CENTRE SERVICE) on D3 Sep 2019 18:45	Photos	Normal	Human 2019-9-2	
10	S (BUKIT MERAH)	FIDNAL ASSESSMENT CENTRE SERVICE IN D3 Sep 2019 LB:45	Photos	Normal	Photos 2019-9-3	
Care .	NAC_BURIT_MERAN_SSD676(NA S (RURIT HERAN)	TIONAL ASSESSMENT CENTRE SERVICE 1 PF 02 Sep 2019 18:45	Photos	Normal	Phobox 2015-9-3	
3	HAC_BUILT_MERAH_BUDGTE(NA S (BUKIT HERAH)	TIGNAL ASSESSMENT CENTRE SERVICE 1 IN 02 Sep 2019 18:45	Philos	feirerrad	Phones 2019-9-2	
E	NAC_BUKIT_MERAH_800676(NA S (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE WH 02 Sep 2019 18:45	Photos	Normal	Photos 2019-9-2	
44	NAC_BURIT_MERAH_800676(NA 5 CHURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE 1 NO 03 Help 2019 18:48	Photos	Noomed	Printed 2029-9-2	
	RAC_BURIT_MERAN_BOOKTS(NA 5 (BURIT MERAN)	TIONAL ASSESSMENT CENTRE SERVICE 1 IN 02 Sep 2019 TB:46	Phinos	Normal	Photos 2019-9-2	
-	WAC_BURT_MERAH_B1067/() NA \$ (BURT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE 1 on 02 Sep 2019 15:46	Photos	Meemal	Photos 2819-9-2	
	NAC_BUNIT_MENAN_BOOKTS(NA S (BUNIT MENAN)	TIONAL ASSESSMENT CENTRE SERVICE) on 02 Sep 2019 18:46	Protes	Normal	Phona 2013-9-2	
-	AAE_BURGT_HERAH_ROSK/NK NA É (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE 1 on T2 Sep 2019 18-44	Photos	Normal	Phonas 3813+9-2	
_			31		1446	

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ACRA

ACCIDENT STATEMENT

ĄCCI	TION: Hougaay Ave 2	4/777), TIME: (14:20) (HH:MM)
LOCA	TION: Houghay Ave 3	<u> </u>
1.	DETAILS OF VEHICLE a) VEHICLE NUMBER: SJT40 b) INSURANCE COMPANY: /VC c) POLICY NUMBER:	05L
*	OJPOLICY TYPE: (COMPREHENSIVE / THE	LANCER EX 2.0 GT
ŭ.	()TYPE: (SALOON / COUPE / MPV /V AN / G) VEHICLE CATEGORY: (PRIVATE / COM h) PURPOSE OF USING AT ACCIDENT TIM	MERCIAL / MOTORCYCLE)
2.,	IF NO. PLEASE STATE (THIRD PARTY CLA INSURED / POLICY HOLDER A) NAME: RAYMOND SEW WENG	M/REPORTING ONLY)
14	b) NRIC/FIN/PASSPORT: S/786466	A CONTACT: 9633 5870
HNO of passanga	* CONTINUE TO 3.d IF DRIVER ALSO POLI DRIVER DINAME: RAYMOND'SEW WEN	E CHEONE
(Including driver.)	DINRIC/FIN/PASSPORT: 3/78646	[MVCC LIFEMVCC]
	e)OCCUPATION: (INDOOR / OUTDOOR)	03/1996
5.	WAS DRIVER AN EMPLOYEE OF THE IN IF NO, RELATIONSHIP OF THE DRIVER G) WEATHER CONDITION: (CLEAR / RAIN	R WITH INSURED: PO'LICY HOLDEN
6,	b)ROAD SURFACE: (DRY / WET / OTHERS. WAS ANYBODY INJURED (YES / NO) D)REPORTED TO POLICE (YES / NO)	
me of husesmaler	IF YES, PLEASE STATE WHICH POLICE STATEMENT OF THIRD PARTY VEHICLE a) VEHICLE NUMBER: SJQ 5214 b) DRIVER'S NAME: MRS TAN	
(, =) 9, 1	C) NRIC/FIN/PASSPORT:	CONTACT: 9732 52/4
2 - 2 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	al properties and the second	CONTACT:
*	* :	

email = raymac/967@ yahoo.com.sg

Hello, NAC_BUKIT_ME	RAH_800676			100000	1100		1 Chann	HAND I		A STATE OF THE PERSONS	alClaim
My Desktop	Polic	cy Query	Change Language Change Passwore							ge Password	* Log Ou
Notice of Loss	Policy N	o,				Date	of Accident		31/08/2019	11:08	1
	Vehicle	No.(For Motor)	SJT400	SJT4005L Certificate Number							
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	10	5079233752- 02		REAL-TIME PERSONAL TRANSPORT SERVICES	53332016W	GPC	drivo CLASSIC	SIT4005L		18/04/2018	06/10/2019