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Owner/Driver: (-			Tel:)	
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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.

SERVICE THE REAL PROPERTY OF THE SERVICE OF THE SER	ACCIDENT STATEMENT
Date Of Report	05/09/2019 10:11
Date Of Accident	04/09/2019 13:15
Exact Location Of Accident	MCE TWDS ECP
Country/State of Loss	SINGAPORE
DI D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJV7076B
Insured/Policyholder	
Name Of Registered Owner	HO AH BEE
NRIC No	S0068558E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91933216
Alternative Phone No	OTHERS-98590078
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5067534655-04
Cover Note Number	
Driver	
Name of Driver	HO AH BEE
NRIC No	S0068558E
Date Of Birth	31/12/1937
Occupation	INDOOR
Date Of Driving Pass	11/02/1959
Driving Experience	60 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91933216
Fax Number	
Contact Number	OTHERS-98590078
EMail Address	NOEMAIL

Address 373 ONAN RD #05-02

Postcode 424775

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
Road Surface DRY

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? YES

Was any injured conveyed to hospital by

ambulance?

NO YES

NO

1

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG MCE TWDS ECP, WHILE FILTERING FROM SECOND LANE TO THE EXTREME LEFT LANE, MY VEH ACCIDENTALLY HIT ONTO VEH B REAR RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE TOO LARGE FAIL TO UPLOAD

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Page 2 of 16

HO AH BEE Name

Approximate Age

Injuries Sustain SJV7076B Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address Postcode SLIGHTLY

YES

NO

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:
 - (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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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Date & Time:

Name: NRIC/FIN No.:

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	Vehicle	No.(For Motor)	SJV707	6B		STEERING TO A ST	icate Numbe	r			
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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		5910				Continue					

Claim Handling Accident MT/1061077 GST Registration No. \$3070768 5067534655-04 Vehicle No. Policy No. Certificate No. S0068558E Policyholder NRIC HO AH BEE Third Party Cover Type PRIVATE CAR INSURANCE Product Code 98590078 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 91933216 No T eCode Special Remark Email Address sCode Reason . No. Yes Private Hire No NCD Entitlement(%) 50 NCD Protection Accident Details Collision - Head to Rear Accident Type Accident Report Within 24 hrs Yes. Report Date 05/09/2019 11:36 Country of Accident Singapore 13:15 04/09/2019 Time of Accident his mm ICM No. Orange Force Reporting Centre Accident Location NCE TWOS ECP ₩ Excess Windscreen Excess Own damage Excess 0.00 Outside Singapore OD Excess 0,00 Unnamed Driver Excess 0.00 0.00 Outside Singapore TP Excess Third Party Excess - Benefits GST Registered Information GST Registration Date GST Registered Yes GST Status Ventiled GST Registration No. Modification History Policyholder Mailing Address SINGAPORE 424775 373 ONAN ROAD Address 2 #05-02 Address 1 Singapore address Post Code 424775 Address Type Address 4 Related Policy Number 5067534655-04 Unit No. OI Driver Info Main Driver Driver Type HO AH BEE Driver Name Driver DOB 31/12/1937 Driver NRIC S0068558E Unnamed driver Name Driver Age Driving Experience Register Date of Driver License 11/02/1959 Contact No.(Home) 98590078 Contact No.(Mobile) 91933216 Contact No.(Office) Address 3 SINGAPORE 424775 Address 2 205-02 373 ONAN ROAD Address 1 Post Code 424775 Address Type Address 4 Unit No. Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes + No Declaration Breathalyser or Blood Test Reading? Any injury? . Yes No 0 mg Modification History Claim 001 New Insured NRIC Insured HO AH BEE S0068558E OD-MX Claim Type * Contact No. (Office) 91933216 Contact No. (Mobile) Vehicle Number UNKNOWN SJV7076B Email Address SJV70768 / UNKNOWN DN 4 Sept 2019 Claim Description Preferred Insured Liability Fully at Fault Repair Preferred Workshop, Name Workshop floower no. Yes Finalisation Date 05/09/2019 00 05/09/2019 11:41 Date Registered LIEW SHAN HUE Report Taken By Print AK letter Save Submit Attachment Claim No. 001 MT/1061077 Accident No. 05/09/2019 11:42 Upload Date W Yes D No Last Doc. Received Description Category * Confidential Urgency * Path * * NO * Normal Clear Please Select Choose File No file chosen * NO * Normal * Clear Please Select Choose File No file chosen * NO * Normal . Clear Please Select Choose File No file chosen ▼ Normal Clear Please Select * NO Choose File No file chosen * Normal * NO Clear Please Select Choose File No file chosen • * NO Y Normal Please Select Clear Choose File No file chosen

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