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TP Panticulars: Veh No: CG	7931W1	INC()/Non-INC()		
Owner / Driver: (Tel:)	
Policy No: () Period	d: ()	Cover Type: ()	
Confirmed by : (Dates,	Timer)	
Insured/Driver Liability: (%) [No	te-Est. Status (W	O): N: 0-20	%; P: 21-79%. P: 8	0-100%]	
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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.
- 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.

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 Date Of Report
 05/09/2019 17:48

 Date Of Accident
 04/09/2019 14:50

Exact Location Of Accident OUTSIDE 44 ONE TREE HILL

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GV1376K

Insured/Policyholder

Name Of Registered Owner TAN AH CHWEE
NRIC No S1434816F

Email Address HANCARREPAIRS@GMAIL.COM

 Mobile Phone No
 (LOCAL) +65-97306447

 Alternative Phone No
 OFFICE-97306447

Vehicle Particulars

Manufacturer NISSAN

Model D/CAB PICK UP

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?

If No, Please state action to be taken THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY

Fleet Policy NO

Policy Number 5060125603-06

Cover Note Number

Driver

 Name of Driver
 TAN AH CHWEE

 NRIC No
 \$1434816F

 Date Of Birth
 22/10/1960

 Occupation
 OUTDOOR

Date Of Driving Pass 06/07/1982

Driving Experience 37 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97306447

Fax Number

Contact Number OFFICE-97306447

EMail Address HANCARREPAIRS@GMAIL.COM

Address

BLK 26A JALAN MEMBINA

#17-212

Postcode

162026

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

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)

0

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)

YES

Was there any video captured by Car Camera?

Are accident photos available for attachment?

NO

Was there any audio recorded?

NO

Vehicle Registration Number Vehicle Make/Model/Colour

SLG7931M

Details Of Properties

Vehicle Category

PRIVATE CAR

DETAILS OF OTHER VEHICLE PROPERTY 1

Name of Driver

NRIC/Passport Number

Contact Number

96353385

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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 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.
- 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)
 - (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
 - (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.
 - my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Policyholde

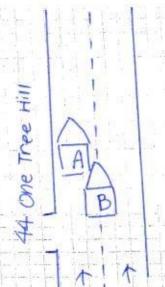
Date & Time

(If driver is not the policyholder)

Date & Time:

NRIC/FIN No

SKETCH PLAN



Vehicle A: GV1376K Vehicle B: SLG.7931M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my ve	rehicle (A) was parked at outside 44 one Tree Hill	1 on 04/09/19
it abou	ut 1450 Hrs-	
Whe	en 1 got back to my vehicle, 1 found a note f	from Vehicle B
hot it	had hit onto my vehicle A and asked me to	call her.
		410-715 MINISTER
-		

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:

NEIC/FIN No.:

Wed 4 Sep 2019

I hit your can when I was driving pass this road.

Sorry about that.

Please call me.

96353385

Kuo.

2.50 pm

good linter

Claim Handling

4									
Policy No.	5040125603-06	Vehicle No.	GV1376K		GST Registrat	tion No.			
Certificate No.									
Policyholder Name	TAN AH CHWEE				Policyholder N	NRIC	5143	34816F	
Product Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Third Party		Loading		0		
Contact No. (Mobile)	97306447	Contact No.(Office)			Contact No.()	fome)			
Email Address	0000000000	Special Remark			eCode		No	•	
	- No Yes	TCA	- No Yes		eCode Reason	9			
CD Protection Accident Details	No	NCD Entitlement(%)	20		Private Hire		No		
eport Date	2020000000000								
	06/09/2019 09:29	Accident Report Within 24 hrs	Yes		Accident Type	- Common of the	Dame	eged whilst p	arked
we of Accident eporting Centre	54/09/2019	Time of Accident hh:mm	14:50		Country of Ac	cident	Singa	apore	
	242447000000000000	Orange Force			ECM No.				
coldent Location	OUTSIDE 44 ONE TREE HILL								
Total Excess Applicable									
xcess Type	Per Accident	Windscreen Excess		0.00					
O Standard Excess	0.00	TP Standard Excess		0.00					
TED OD Excess	0.00	YJED TP Excess		0.00	Driver is Cove	tracit	Cave	red	
dditional Excess							Surp	64	
otal OD Excess Applicable	0.00	Total TP Excess Applicable		0.00					
→ Benefits									
GST Registered Information	tion								
ST Registered	No		GST Reg	pistration Date					
ST Registration No.			GST Sta	tus Verified	Yes				
edification History									
Policyholder Mailing Add									
ddress 1	BLK 26A #17-212	Address 2	JALAN MEMBINA		Address 3		SING	APORE 1620	26
ddress 4		Address Type	Singapore addres	15	Post Code		1620	26	
Init No.	17-212	Related Policy Number	5060125603-06						
Of Driver Info	Unnamed Driver	P	Henry 17						
Innamed driver Name	TAN AH CHWEE	Driver Type Driver NRIC	Unnamed Driver		100000000				
egister Date of Driver License	06/07/1982	Driver Age	51434816F		Driver DOB			0/1960	
ontact No.(Mobile)	97308447	Contact No.(Office)	58		Driving Experi Contact No.(H		37		
ddress 1	BLK 26A #17-212	Address 2	JALAN MEMBINA		Address 3	DMM)	6111.00	A SHARE THE PARTY	8
ddress 4		Address Type	Singapore addres		Post Code			APORE 16202	26
Init No.	17-212	4674500000		73	Your Code		1620	49.0	
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eclaration	Yes = No	Driver Vehicle Ng, Any Injury?	GV1376K Yes + No		Driver Insurer	Company	NTUC		
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Photos 2019-9-6

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PERSONAL PARTICULARS

ate of Accident: 04/09/2019 Time of	Accident:
ehicle No: GV1376K Vehicle	Make/Model: Nissan Prup D/CAB (2664cc)
exact Location of Accident: Outside 44 O	ne Tree Hill
Owner's Name/NRIC: Tan Ah Chwee /	S1434816F
priver's Name/NRIC: Tan An Chwee /	S143816F
Driver's Contact: 97306447 Insura	
Driver's Email Address: hancarepairs@g	
Relationship between Owner & Driver: Spouse/Children	n/Friend/Parents/Others specify:
Exact Purpose for which the vehicle was being uprivate Use / Work Purpose Weather Condition & Road Conditions? Clear & Dry) / Raining & Wet / After-Rain & Wet Occupation Indoor Outdoor Any Injuries? (MC of 3 Days or more, police re	t / Drizzling & Wet
Yes / No If Yes, which police station	
The Other Party (Vehicle B) Details Driver's Name/IC:	016 7931M
Insurance Company:	Driver's Contact: 96353385
(If more than 2 vehicles involved, please ind	icate the other party vehicle numbers below)
Other Vehicle (Vehicle C) :	
Independent Witness (If Any):	2
Preferred Workshop (If Any):	
* If no proper document are produced, IDAC * Information will be discarded after one	should not file the report.

eBao Tech										Gener	alClaim
Hello, NAC_BUKIT_MERAN	X5000 ::					Change Language					, Log Ou
Notice of Loss	Policy Query Policy No. Vehicle No.(For Motor)		GV1376	GV1376K			Date of Accident Certificate Number			04/09/2019 17:47	
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5060125603- 06		TAN AH CHWEE	S1434816F	GCV	Third Party			08/06/2019	07/06/2020