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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number

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 <u>truthful and accurate</u> 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

Company Services of Communication and	ACCIDENT STATEMENT
Date Of Report	06/09/2019 16:47
Date Of Accident	05/09/2019 05:35
Exact Location Of Accident	T2 ARRIVAL DR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC5084U
Insured/Policyholder	
Name Of Registered Owner	HK TRANSPORT
Co Reg No	53341886X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96199306
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5084898247-02
Cover Note Number	*
Driver	
Name of Driver	MUHAMMAD HANIS BIN MOHD HANAFIAH
NRIC No	S8542133F
Date Of Birth	27/12/1985
Occupation	OUTDOOR
Date Of Driving Pass	28/11/2005
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94527462
Fax Number	

NOEMAIL

Address BLK 318 TAMPINES ST 33 #05-76

Postcode 520318

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - BROTHER COMPANY

West Control

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

6

Passenger 1

NAME: : UNKNOWN

GENDER: : MALE

Passenger 2

NAME: : UNKNOWN

Passenger 3

GENDER: : FEMALE

NAME: GENDER: : UNKNOWN : FEMALE

Passenger 4

NAME: : UNKNOWN

GENDER:

: FEMALE

Passenger 5

NAME:

: UNKNOWN

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

YES NO

If Yes, against whom?

# Circumstances of Accident

PLEASE REFER TO STATEMENT.

# Attachment(s)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Was there any audio recorded?

NO
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

**SLT1485E** 

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

### SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

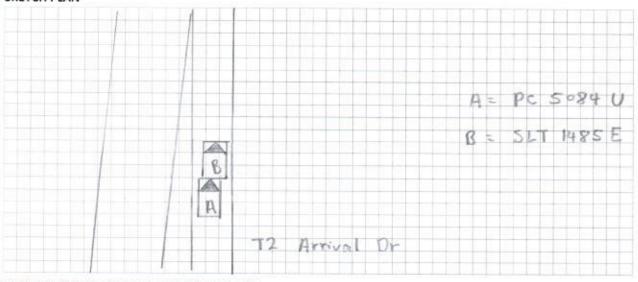
Driver's Signature (If priver is not the policyholder)

ate & Time

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

Policyholder's Signature S N

Date & Time:

Drivery's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

	CATION: T2 Arrival Dr.
	1. DETAILS OF VEHICLE
	a) VEHICLE NUMBER: PC 5084 U
	DINSURANCE COMPANY: " INC
	c)POLICY NUMBER:
	d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL:
	f)TYPE:(SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME: WORKING
	I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER
1/3	A) NAME: HK Transport (MALE / FEMALE)
4	b) NRIC/FIN/PASSPORT: CONTACT: 9619 9306
	c)ADDRESS:
2007117 PA	* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER
the of passenge	3. DRIVER Hana frah.
Including driver	
( )	b)NRIC/FIN/PASSPORT:CONTACT: 94527462
( 6 )	c)ADDRESS:
le 4 semale	*d)DATE OF BIRTH: (
	e)OCCUPATION: (INDOOR / OUTDOOR)
9	f) YEARS OF DRIVING EXPRERIENCE:
4	f) YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
	f)YEARS OF DRIVING EXPRERIENCE: WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: brother co
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<b>eBao</b> Tech									Genera	alClaim
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Policy No.					Date of Accident			05/09/2019		
Vehicle No.(For Motor)			PC5084U		Certificate Number					
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elect	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
9	5084898247- 02		HK TRANSPORT	53341886X	GBS	Comprehensive	PC5084U	PC5084U	18/10/2018	17/10/2019
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#### Claim Handling Accident MT/1061207 Policy No. 5084898247-02 Vehicle No. PC5084U GST Registration No. Certificate No. Policyholder Name HK TRANSPORT Policyholder NRIC 53341886X Product Code BUS INSURANCE Cover Type Comprehensive Loading Contact No.(Office) Contact No.(Mobile) Contact No.(Home) Émail Address Special Remark eCode No T KFK TCA \* No Yes eCode Reason NCD Protection Ng NCD Entitlement(%) 15 Private Hire Report Date 06/09/2019 09:08 Accident Report Within 24 hrs. Yes Accident Type Collision - Head to Rear 05/09/2019 Time of Accident hh: mm 05:35 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location TZ ARRIVAL DR 7 Excess Own-damage Excess 2,000.00 Additional Excess Windscreen Excess 100.00 Unnamed Driver Excess Dutside Singapore OD Excess Third Party Excess Outside Singapore TP Excess **▽** Benefits □ GST Registered Information GST Registered GST Registration Date GST Registration No. GST Status Verified Modification History 06/09/2019 09:10:10 System changed GST Status Verified from No to Yes Policyholder Mailing Address Address 1 BLK 210 #12-101 Address 2 TAMPINES STREET 23 Address 3 SINGAPORE 520210 Address 4 Address Type Post Code 520210 Unit No. 12-101 Related Policy Number 5084898247-02 Driver Name Driver Type Unnamed driver Name Driver NRIC Driver DOB Register Date of Driver License Driver Age Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address 1 Address 2 Address 3 Address 4 Address Type Foreign address Post Code Does he own a Singapore Registered car? Yes + No Driver Vehicle No. Oriver Insurer Company Modification History Claim 002 New Insured HK TRANSPORT 53341886X Claim Type + OD-MX Contact No. (Home) Contact Contact No.(Mobile) 01 Vehicle PC5084U Email Address SLT1485E Claim Description PC5084U / SLT1485E ON 5 Sept 2019 Preference Liability Fully at Fault Workshop Beauter No. Yes Finalisation Preferred Workshop, Name unk GIA port Received Claim Date Registered 06/09/2019 18:06 Date Received 06/09/2019 00 Report Taken By LIEW SHAN HUI F Print AK letter Save Submit Attachment Accident No. MT/1061207 Claim No. 002 Last Doc. Received Upload Date 06/09/2019 18:08 \* Yes @ No Path \* Category \* Confidential Urgency \* Description Choose File No file chosen Clear Please Select . NO Choose File No file chosen Clear Please Select \* NO \* Normal . • Choose File No file chosen T NO \* Normal Clear Please Select \* Choose File No file chosen Clear Mease Select T NO ▼ Normal Choose File No file chosen Clear Please Select ₹ NO ▼ Normal . \* Normal \* Choose File No file chosen Clear T NO Please Select Message Read Send M

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