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TP Particulars: Veh No: 5	JP 3872C	NC()/Non-INC	:()		
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

foresaid.	ACCIDENT STATEMENT
Date Of Report	07/09/2019 14:39
Date Of Accident	06/09/2019 17:15
Exact Location Of Accident	CTE B4 PIE(CHANGI)
Country/State of Loss	SINGAPORE
The second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	EK75S
Insured/Policyholder	
Name Of Registered Owner	THUNG XIN YU SERENE
NRIC No	S8835688H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93664632
Alternative Phone No	OFFICE-93664632
Vehicle Particulars	
Manufacturer	BMW
Model	3161
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	THIRD PARTY
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	5109747038
Cover Note Number	•
Driver	
Name of Driver	KHAIRUL ANUAR BIN ABDUL RAZAK
NRIC No	S8218736G
Date Of Birth	16/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/06/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93664632
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address

BLK 269B YISHUN ST 22 #12-545

OTHER - FAMILY MEMBER

Postcode

762269

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

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

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)

1

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

REFER TO STATEMENT.

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

SJP3872C

Vehicle Make/Model/Colour

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)

DETAILS OF INJURED PERSON 1

Name

KHAIRUL ANUAR BIN ABDUL RAZAK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address Postcode

NECK N BACK

EK75S

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1) Please report correctly on the details of the accident to speed up the claims process.
- This form must be completed by the policy holder 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>.
- 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature Date / time: Driver's signature (if driver is not policy holder) Date / time:

reporting centre personnel's Signature Date / time:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT towards travelling alone CTE PIE (change was traffic came was heave OWA lane from felt few second QA impact completely velvich postion. rear

DECLARATION

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

Policy holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

经济 的证据,	ACCIDENT DETAILS	与关键的全型和分类。2007年1000年
Date of accident	06/09/19	(DD/MM/YY)
Time of accident	1715	(HH:MM)
Exact location of accident	CTE before	PIE (changi)

2000年1月1日	DETAILS OF VEHICLE
Vehicle registration number	EK75.S
Vehicle make and model	BMW 3161
Type of vehicle	Saloon & MPV
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	
Are you claiming under your own insurance company?	Yes □ No □ if no, please select: Third part claim □ Reporting only □

	INSURANCE IN	FORMATION	The second second
Insurance company	NTU	C	
Policy number			
Type of policy	Comprehensive z	Third party fire & theft □	TP only 🗆

	INSURED / POLICY HOLDER	NA DOES NOT	阿里里里
Name	Thung xin Yu, Serene	Male 🗆	Female 2
NRIC / Fin / Passport number	S8835688H		
Contact		- 13/000 - 0/00 - 10/00	
Address	BIK 159A Rivervale crescent 5(541159)	#16 - 659	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)
Name	Khaicul Anuar Bin Abdul Razak Male & Female 1
NRIC / Fin / Passport number	≤8218736G
Contact	93664632
Address	BIK 269B Yishun street 22 #12-645 s(762269)
Email address	
Date of birth	16/06/1982
Occupation	Indoor D Outdoor 2
Driving date pass	25/06/2019

Polisika Para da Para Mara	GENERAL I	NFORMATION	OF THE ACCIDENT	White Here was the same
Was driver an employee of	Yes 🗆	Nob	Table 1	Webser (200) Sweeting Commen
the insured's company?	If no, rela	tionship of the	driver and insured:	Family Members
Accident captured by camera?	Yes 🗆	No Ø		
Weather condition	Clear 🗷	Raining	Others:	
Road surface	Dryp	Wet 🗆		
No of passenger	1			(Inclusive of driver
	SIGN DESCRIPTION	PASSENGE	R1	AND THE STREET STREET
Name				
Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆	Female 🗆		
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Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male 🗆	Female		
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Name				
Gender	Male 🗆	Female 🗆		
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Name				
Gender	Male 🗆	Female 🗆		
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Was anybody injured?	Yes 🗷	No 🗆		
Was other vehicle damaged?	Yes	No 🗆		
经验证的	_	S OF POLICE ST	the state of the s	h malles station
Reported to police?	Yes 🗆	No Ø If ye	es, please state which	in police station.
Police station name				
国际社会企业的 5000000000000000000000000000000000000		WITNESS	1 中华大学学院	AND THE SECTION OF THE PARKETS
Name				
的人,然后的人,他们也是一个人		WITNESS	2	自然是一般的是一种人们的
Name				

THIRD PARTY VEHICLE 1		
Vehicle registration number	577 3872 (
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

THIRD PARTY VEHICLE 2		
Vehicle registration number		
Vehicle make model		
Name		
NRIC / Fin / Passport number		
Contact		

Mark Control of the C	THIRD PARTY VEHICLE 3
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

AND THE COLD COLD COLD CO.	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

建筑 和企业发展,由1000年至1000年	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

A series of the	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	

INJURED PERSON 1								
Name	khairul Anuar Bin Abdul							
Injuries sustained	week k Back							
Which vehicle person in?	Ek75C							
Were seat belts worn?	Yes No 🗆							
Was injured conveyed to hospital by ambulance?	Yes No No							

	STATE OF THE STATE OF	INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		The second secon
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

NEBACE SECTION	INJURED PERSON 3
Name	
Injuries sustained	
Which vehicle person in?	
Were seat belts worn?	Yes D No D
Was injured conveyed to hospital by ambulance?	Yes D No D

		INJURED PERSON 4
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆

INJURED PERSON 5							
Name							
Injuries sustained							
Which vehicle person in?							
Were seat belts worn?	Yes 🗆	No 🗆					
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆					

INJURED PERSON 6							
Name							
Injuries sustained							
Which vehicle person in?							
Were seat belts worn?	Yes 🗆	No 🗆					
Was injured conveyed to hospital by ambulance?	Yes 🗆	No 🗆					



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8218736G





KHAIRUL ANUAR BIN ABDUL RAZAK

MALAY

682167336

16-06-1982 SINGAPORE

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

EFFECTIVE DATE

Class 3A Motor cars without clasch pedais (Auto) with unladen 25 Jun 2019 weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles without clutch pedals with unladen weight =< 2500kg

NP 428A

6160648



-S8218736G



30-03-2019

APT BLK 269B YISHUN STREET 22 #12-545 SINGAPORE 762269

eBao Tech			GeneralClai								lClaim
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My Desktop	Poli	cy Query									
	Policy N	lo.				Date of Accident 06			06/09/2019	06/09/2019 14:37	
	Vehicle	Vehicle No.(For Motor)		EK75S		Certificate Number					
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109747038		THUNG XIN YU SERENE	S8835688H	GPC	drivo CLASSIC	EK75S	EK75S	21/05/2019	20/05/2020
					[7	Continue					

Claim Handling Accident MT/1061392 EK75S GST Registration No. Vehicle No. 5109747038 Policy No. Certificate No. Policyholder NRIC S8835688H Policyholder Name THUNG XIN YU SERENE Loading Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Contact No.(Office) Contact No.(Home) Contact No.(Mobile) 93664632 No Y Special Remark « No Yes eCode Reason . No Yes KFK Private Hire NCD Entitlement(%) NCD Protection Accident Details Collision - Head to Rear Accident Report Within 24 hrs Accident Type 07/09/2019 14:58 Report Date Singapore Country of Accident 06/09/2019 Time of Accident hh:mm 17:15 Date of Accident ICM No. Reporting Centre Orange Force CTE 84 PJE(CHANGI) Accident Location Total Excess Applicable 100.00 Windscreen Excess Excess Type Per Accident 0.00 TP Standard Excess OO Standard Excess 600:00 Driver is Covered? 0.00 YIED OD Excess 0.00 YIED TP Excess Additional Excess Total TP Excess Applicable Total OD Excess Applicable 600.00 → Benefits GST Registered Information **GST** Registration Date GST Registered GST Status Verified GST Registration No. Yes Modification History → Policyholder Mailing Address SINGAPORE 759236 SEMBAWANG PARK SS JALAN LENGKOK SEMBAWAN Address 2 759236 Post Code Address Type Singapore address Address 4 Related Policy Number 5109747038 Unit No. OI Driver Info Driver Type Named Driver KHAIRUL ANUAR BIN ABOUL RAZAK Driver Name Driver NRJC Driver DOB 16/06/1982 Unnamed driver Name Driving Experience Register Date of Driver License Driver Age Contact No. (Home) Contact No.(Office) Contact No.(Mobile) 93664632 SINGAPORE 762269 Address 3 VISHUN STREET 22 Address 1 BLK 269B #12-545 Address 2 762269 Address Type Singapore address Post Code Address # 12,545 Link No. Does he own a Singapore Registered car? Driver Insurer Company Yes - No Declaration Breathalyser or blood Test Reading? * Yes No Any injury? Modification History Claim 001 New Insured THUNG XIN YU SERENE S8833688H OD-MX Claim Type . Contact No. (Office) 63871807 92988747 Contact No.(Mobile) TP Vehicle Number SERENE@NEWASH.COM.SG Vehicle Ex755 SJP3872C Email Address Name of Preferred Workshop EK735 / SJP3872C ON 6 Stept 2019 Claim Description Preferred Insured Liability Not at Fault Workshop Bonuer No. Yes Finalisation Received Preferred Workshop, Name unknown Date 07/09/2019 00 07/09/2019 15:00 Date Registered LIEW SHAN HUI Report Taken By F Print AK letter Save Submit Attachment MT/1061392 Claim No. 001 Accident No. 07/09/2019 15:01 Upload Date Last Doc, Received * Yes U No Urgency * Description Path * ▼ Normal V NO Clear Please Select Choose File No file chosen * NO ▼ Normal Please Select Choose File No file chosen Clear * * NO * Normal Clear Please Select Choose File No file chosen

Choose File No file chosen Clear * NO * Normal Please Select . Choose File No file chosen Clear * NO * Normal Please Select Choose File No file chosen Clear Please Select Y NO 7 Normal Message Read Attachment List Uploaded By/Date 9 Category Msg Sent (CO) Urgency NAC_PAYA_UBE_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:01 NR3C/ Driving License NRJC/ Driving License 2019-9-7 F NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:01 SAS SAS 2019-9-7 ファフラン NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:01 Photos Normal Photos 2019-9-7 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:01 Photos Normal Photos 2019-9-7 NAC_PAYA_UBI_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:00 Photos Normal Photos 2019-9-7 NAC_PAYA_UBJ_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:00 Normal Photos 2019-9-7 NAC_PAYA_UBJ_800601(NATIONAL ASSESSMENT CENTRE SERVICES) 0 07 Sep 2019 15:00 Photos Normal Photos 2019-9-7 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) b 07 Sep 2019 15:00 Photos 2019-9-7 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:00 Photos Photos 2019-9-7 NAC_PAYA_UBI_800601(NAT)ONAL ASSESSMENT CENTRE SERVICES) o 07 Sep 2019 15:00 Normal Photos 2019-9-7

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Folder Date

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Uploaded By/Date