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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.

- 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

AND THE RESERVE OF THE PARTY OF	ACCIDENT STATEMENT
Date Of Report	18/09/2019 15:36
Date Of Accident	17/09/2019 08:45
Exact Location Of Accident	ALONG ECP TOWARDS MCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV4916Z
Insured/Policyholder	
Name Of Registered Owner	CHEW CHEE KIAN
NRIC No	S7314959B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83811119
Alternative Phone No	OTHERS-83811119
Vehicle Particulars	
Manufacturer	тоуота
Model	VELLFIRE
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f 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	5097047101-01
Cover Note Number	2— X-5W
Delivere	

Driver

Name of Driver	TAN HONG GUAN
NRIC No	S1428150I
Date Of Birth	20/01/1960
Occupation	OUTDOOR
Date Of Driving Pass	01/08/1978
Driving Experience	41 YEARS AND 1 MONTH
	ENDOSTICE CHARLE

Gender

MALE

Mobile Number (LOCAL) +65-83811119

Fax Number

Contact Number OTHERS-83811119

EMail Address NOEMAIL Address

BLK 412 HOUGANG AVENUE 10

#02-1242

Postcode

530412

Was driver an employee of the Insured's Company YES

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

3

Was any body injured in the Accident?

NO

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME:

: YONG YUET HAN (LADY BOSS)

GENDER:

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

HOUGANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4890999 - FAX NO: 63128989

: FEMALE

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190917/2186

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

FBN4572S

Details Of Properties

MOTORCYCLE

Vehicle Category Name of Driver

WEN LAI'EN

NRIC/Passport Number

S9405447H

Contact Number

98180218

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SHA8657C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

CHOO CHIN KWANG

NRIC/Passport Number

S1498312J

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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) of:
 - (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, 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 .:





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999

1 of 3 Report No. T/20190917/2186

THE PROPERTY OF THE PARTY OF TH	REPORT	OF A	TRAFFIC	ACCIDENT
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17/09/2	me Report I 019 21:05	Made:	Vide Report No.: G/20190917/0066	Station Diary No.:	
Informa	int's Partic	ulars		151	
Name o	f Informant NG GUAN		Address: APT BLK 412 HOUGANG AV 530412	VENUE 10 #02-1242 SINGAPORE	
ID Type NRIC N	ID Type / ID No.: NRIC NO / \$1428150I Nationality: SINGAPORE CITIZEN		Contact No.: Home/Office: Mobile: 83811119 Email:		
National SINGAP					
Sex: Male	Age: 59	Date of Birth: 20/01/1960	Type of Informant: Driver		
Race: Chinese	Race:		Language:	Institution / School Name:	
Occupat PRIVATI			Driving Licence Information: Class:	Date of Expiry	

Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 17/09/2019 08:45	Type of Location Straight Road
Along Road 1 EAST COAST ECP TOWAR Weather:	EXPRESSWAY DS MCE	P 10		
Clear		Road Surface: Dry	F	Road Speed Limit:
raffic Flour		Traffic Control:	-	
ranic Flow.		Traine Control.	1 1	raffic Volume:
Traffic Flow: Type of Collisi	on: ng Vehicles - Head To Si			raffic Volume:

		Model	0-1-	IN THE STREET,	
torcycle	Make	Model	Color	Condition	No of Passenger
					0
r					1 100
•				Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Hoo of Baday in 2
	Use of Pedestrian Crossing: NA





Police Station Of Origin: Hougang N.P.C 60 Hougang Avenue 9 SINGAPORE 538775 Tel No: 1800-4890999 2 of 3 Report No. T/20190917/2186

CONTINUATION OF REPORT

Rider		-			0-0		
Name	WEN LAI'EN			ID No	16	S9405447H	
Related Vehicle	FBN4572S (Motorcy	rcle)		Conta	ct No.	98180218	
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL Date Disc			harge	NIL		
No. of Days gran				Degree of Injury NIL			
Driver						Name of the last	
Name	TAN HONG GUAN			ID No	25	S1428150I	
Related Vehicle	SLV4916Z (Car)			Conta	ct No.	83811119	
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	The second second	NIL		
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL		

Brief Details.

On 17/09/2019 at about 0845hrs, I was driving along ECP towards MCE. At that point of time, the traffic was very congested and vehicles were moving slowly. As I was slowly moving forward, one motorcycle, FNB4572S, from nowhere hit onto the right side of my vehicle.

After which, I came down and make a check and was informed that the motorcycle had hit onto a taxi, SHA8657C on the lane next to my vehicle and due to the impact, the motorcycle came and hit onto the side of my vehicle. After colliding into my vehicle, the motorcycle and the rider landed on the ground and was still conscious.

Police and ambulance were called upon and the rider was conveyed to hospital. Due to the accident, the sensor of my vehicle was spoilt and there was some damages to my vehicle.

During the accident, there was one passenger onboard and she did not sustain any injury.

I am lodging this report as instructed by the TP. There are in-built camera installed in my vehicle.





Police Station Of Origin: Hougang N.P.C

60 Hougang Avenue 9 SINGAPORE 538775

Tel No: 1800-4890999

CONTINUATION OF REPORT

3 of 3 Report No. T/20190917/2186

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Sgt 3 PHUA JIA JUN, MARK	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/09/2019 21:05
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:

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eroticate No.					Telegraph Company (Co.)			
	7547504-04	Vehicle No.	SLV#9162		GST Regression No.			
Gryholder Name CHE1					Policyholder NAIC	10	73549500	
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and No.		Related Policy Number	5097047101-01					
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Address S. (fb.)	x 412 ±02-1242	Apidress 2	HOUSANG AVENUE	16	Address 3		SINGAPORE S	10412
Address 4		Address Type	Foreign address		Post Dade		130417	
Unit No. 92	1242							
Does he own a Stripations Registered CW?	Yes - No	Driver Vehicle No.	51999162		Driver Insurer Com-	carry.	WINE	
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Claim Handling(accident reporting Claim Task)

	Workedout (IW/Date)	Fidder Date	9	le Name		Ŷ	Source	Action				
" Video List												
193	NAC_BUKIT_HERAH_BOOK?N) NAT S (BUKIT HERAH)	NAC_BURIT_RERAM_800476(WATTORIAL ASSISSMENT CENTRE SERVICE S (BURIT HERAM) on 18 Sep 2018 (6.01			Normal	100	S 2019-3- CB					
100	NAC_BURIT_MERAH_ECORTS NATIONAL ASSESSMENT CENTRE SERVICE S. (BURIT MERAH)) on 18 Sep 2019 16:01		NAC BUKIT MERAH BODETRI NATIONAL ASSESSME	AC BURIT MERAN ECOSTRI RATIONAL ASSESSMENT CENTRE SERVICE		MERAN BODGER NATIONAL ASSESSMENT CENTRE SERVICE	NRIC/ Driving License	æ	Normal	MR3C/ DHV	772 License 2015-6-18	
	NAC_BURIT_MERAH_BOOKTA NATIONAL ASSESSMENT CENTRE SERVICE \$ (BURIT MERAH)) on 18 Sep 2019 16:01		Proper		Normal	Ph	ros 2019-9-18					
3	NAC_BLAST_MERAH_BIDDEPEL NA S (BLAST MERAH)	C_BLAST_NERAM_BIDDRYN(NATIONAL ASSESSMENT CENTRE SERVICE S (BLAST MERAM)) on 18 Sep 2019 18:01			Normat	Pho	obne 1018-8-18					
福	NAC BURIT, MERAH, 8006751 NATIONAL ASSESSMENT CENTRE SERVICE S (BLINIT MERAH)) or 18 Sec 2019 16:01		Photos:		Normal	Pho	X08 2219-9-1H					
	HAC_BURIT_MERAH_SOLEM(NA F (BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 18 Sep 2013 15:01	Photos		Sumat		ine 2019-9-18					
	NAC BURT HERAH 3008/6(NK 6 (BURT HERAH)	TIONAL ASSESSMENT CENTRE SERVICE) on 18 Sep 2019 16:02	Photos		Normal	Por	New 2019-0-18					
	NAC_BURTT_MERAN_BUDEN(NA 8 (BURT MERAN)	TIONAL ASSESSMENT CENTRE SERVICE) on 18 Sep 2019 (8:02	Photon		Recental	, Pho	nne 20(9-0-18					
3	NAC_BURIT_MEEAH_SCO676(NA S-BURIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE I ON 18 Bep 2019 16:02	Photos		Normal		rise 2019-9-18					

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eBaoTech		GeneralClaim									
Hello, NAC_BUKIT_MERAH_800676				Change Language					· Change Password		, Log Out
My Desktop Notice of Loss	Policy Query										
	Policy No.						Date of Accident		17/09/2019 15:06		
	Vehicle No.(For Motor)		SLV4916Z			Certificate Number					
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
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