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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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

	ACCIDENT STATEMENT
Date Of Report	19/09/2019 09:44
	19/09/2019 07:15
Exact Location Of Accident	SLIP RD JURONG WEST ST 64 TO JURONG WEST AVE 4
Country/State of Loss	SINGAPORE
COMPUNE CONTRACTOR AND TO THE PROPERTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN7699J
Insured/Policyholder	
Name Of Registered Owner	KOO CHAI LI
NRIC No	\$8015841F
Email Address	KENKWEK13@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93862056
Alternative Phone No	OTHERS-98529213
Vehicle Particulars	
Manufacturer	BMW
Model	216D ACTIVE TOURER D/AB LED
Exact Purpose for which vehicle was being used at time of accident	SEND DAUGHTER TO SCHOOL
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	5105785872
Cover Note Number	
Driver	
Name of Driver	KWEK KEN KHUAN (GUO JINGQUAN)
NRIC No	S7839349A
Date Of Birth	29/12/1978
Occupation	INDOOR
Date Of Driving Pass	08/06/1999
Driving Experience	20 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98529213
Fax Number	
Contact Number	OTHERS-93862056
EMail Address	KENKWEK13@HOTMAIL.COM
	\$268 A 11 B 10 CM

BLK 667D JURONG WEST STREET 65 Address

#07-127

644667 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

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?

Was any injured conveyed to hospital by

ambulance?

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)

Passenger 1

NAME:

2

NO

NO

YES

NO

3

: WIFE

GENDER: : FEMALE

Passenger 2

NAME:

NO

NO

: DAUGHTER

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

YES

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SKU9649D

Vehicle Make/Model/Colour

TOYOTA ESTIMA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

ZHANG JIAN DONG

NRIC/Passport Number

S7660358H

Contact Number

98507358

Address

Postcode

Page 2 of 17

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.
- 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.
- 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.
- (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)

Reserting Centre Personnel

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Claim Handling(accident reporting Claim Task)

	Instructed Building	Folder Date		File Name		9	Sturet	Aption
Video List								
19		TIONAL ASSESSMENT CENTRE SERVICE Jon 19 Sep 2019 18:07	646		Normali	585	2019-9-19	
F-2 (20)	S (BURT) MERAN	TIONAL ASSESSMENT CENTRE SERVICE on 19 Sep 2019 16:07	NATO Driving Lizense	14	Nacetral	NASC/ Driving	License 2017-9-19	
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	5 (BUKIT MERAH)	TIONAL ASSESSMENT CENTRE SERVICE on 18 Sep 2018 16:08	Photos		Normal	Photos 2019-9-18		
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ACCIDENT STATEMENT

ACCIDENT DATE: 19 . 9. 2011 (DD/MM/YYY), TIME: 07. 16 (HH:MM)
LOCATION: Jung West Stiff turning slip Road to Jung
1. DETAILS OF VEHICLE SKN76993
CIPOUCY NUMBER: 5(05 78587)
d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY FIRE &THEFT) #)MAKE & MODEL: BMU 216,0 []TYPE: (SALOON / COUPE / MPX / VAN / LORRY / MOTORCYCLE / OTHERS)
h) PURPOSE OF USING AT ACCIDENT TIME: Send dayler to school
I) ARE YOU CLAIMING UNDER YOUP OWN INSURANCE (YESTHO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER
DOWNING CHAIL I (MALE / FEMALE) DINRIC/FIN/PASSPORT: SECISE41 F CONTACT: 9386056 CIADDRESS: 6670 Jurga Well St 65 #07-217
*CONTINUE TO 3.d IF DRIVER ALSO POUCY HOLDER WHO of pristongs DRIVER WELK KEN, KHUAN MALE FEMALE
(Including driver) a) NAME: KNET KEN, KHUAN (MALE FEMALE) b) NRIC/FIN/PASSPORT: STRIGGY WET H 65 #007-117.
ODATE OF BIRTH: (29 / 12/177) (DD/MM/YYYY) OOCCUPATION: (INDOOR / OUTDOOR) OTHER OF DRIVING PASS STAR 1999.
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hulband 5. DIWEATHER CONDITION: (CLEAR / RAINING / OTHERS)
6. WAS ANYBODY INJURED (YES / NO)
7. d) REPORTED TO POUCE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION:
White of passinger of VEHICLE NUMBER: SKU 96490 MODEL: Estima. (Including driver) b) DRIVER'S NAME: Zhang JIAN DONG
() NRIC/FIN/PASSPORT: STAGESSEH CONTACT: 985 07358,
(Industrial deligation of DRIVER'S NAME:
(

email = Kenkwek13@hotmail.com.

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password My Desktop Log Out **Policy Query** Notice of Loss Policy No. Date of Accident 19/09/2019 09:32 Vehicle Na.(For Motor) SKN76991 Certificate Number Search Select Policy No. Certificate Number Policyholder Name Policyholder NRIC Vehicle Product Cover Type Insured Object Commence Date Expiry Date 5105785872 drivo PREMIUM KOO CHAILI S8015841F GPC SKN76991 SKN76991

Continue

23/11/2018 24/01/2020