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	1-Motor W/C) (Within: OD 2hts			
(11) D' Reporting Only	I-Photo Uplo	aded			
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TP Insurer:	Ass't Report b	y Fax / Hand to	Owner/Wksp		
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TP Particulars: Veh No: 5	HD 54467	. INC()/Non-INC()	
Owner / Driver: (Tcl:)
Policy No: () Perio	d: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
	te-Est. Status (V	VO): N: 0-20	%; P: 21-79%. P:	80-100%]	
	irranty: YES ()/NO()		
Excess: (\$) Loading: \$1,000	()/\$2,000	()			
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Apply for Transfort Allowance ()/Cou	rtesy Car ()			
2) QC Check / Post Repair Inspection	()	•			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number

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

	ACCIDENT STATEMENT
Date Of Report	21/09/2019 09:48
Date Of Accident	20/09/2019 19:40
Exact Location Of Accident	COLLYER QUAY
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGG1796K
Insured/Policyholder	
Name Of Registered Owner	JAGJIT SINGH S/O MOKAND SINGH
NRIC No	S1737788D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92781622
Alternative Phone No	OFFICE-92781622
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107161110
Cover Note Number	•
Driver	
Name of Driver	JAGJIT SINGH S/O MOKAND SINGH
NRIC No	S1737788D
Date Of Birth	22/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	31/12/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE

(LOCAL) +65-92781622

OFFICE-92781622

NOEMAIL

Address

BLK 112 HOUGANG AVE 1 #03-1114

Postcode

530112

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

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO 2

Number of vehicles (including own vehicle)

ì

involved in the accident

....

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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)

935

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 3

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

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG COLLYER QUAY ON THE THIRD LANE WHILE NEGOTIATED THE LEFT BENT, SUDDENLY THE TAXI FROM THE EXTREME RIGHT LANE WENT INTO MY LANE AND HIT ONTO MY VEH RIGHT FRONT PORTION. AFTER THE IMPACT THE TAXI NEVER STOP IMMEDIATELY AND HE CONTINUE DRIVE FORWARD THEN STOP AT THE SIDE.

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

SHD5446Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category Name of Driver TAXI

NRIC/Passport Number

Contact Number

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.
- 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:

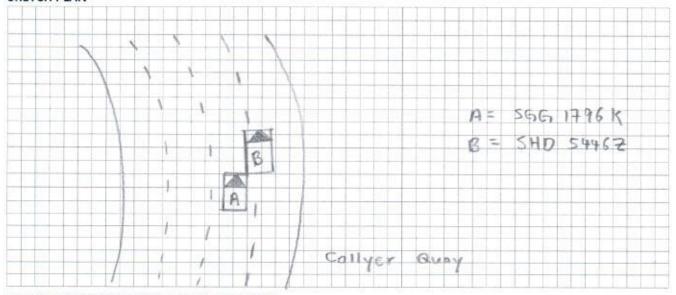
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	statement	

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: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date	e of Accident		20/09/2019 0	9:47	
	Vehicle	No.(For Motor)	SGG17	796K		Cert	tificate Numbe	er			
						Search]				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107161110		JAGJIT SINGH S/O MOKAND SINGH	S1737788D	GPC	drivo CLASSIC	SGG1796K	SGG1796K	28/01/2019	27/01/2020

Claim Handling

Accident MT/1063435					
Policy No.	5107161110	Vehicle No.	SGG1795K	GST Registration No.	
Certificate No.					
Policyholder Name	JAGJIT SINGH 5/O MOKAND SINGH			Policyholder NRIC	S1737788D
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	92781622	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No *
KFK	No Yes	TCA	No Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	9	Private Hire	Yes
Accident Details					
Report Date	21/09/2019 16:40	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Change / Cross
Date of Accident	20/09/2019	Time of Accident hh:mm	19:40	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	COLLYER QUAY				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
A VIDEO AND WANTED			The Great Metal		
OD Standard Excess	2,000.00	TP Standard Excess YIED TP Excess	1,500.00	Driver is Covered?	Covered
VIED OD Excess	0.00	TIED IF ERCESS	0.00	Divisi & Coreina	
Additional Excess Total OD Excess Applicable	2000.00	Total TP Excess Applicable	1,500,00		
♥ Benefits	2000.00		1,000,00		
♥ GST Registered Informat	ion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
	ress				
Address 1	BLK 112 #03-1114	Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530112
Address 4		Address Type	Singapore address	Post Code	530112
Unit No.		Related Policy Number	5107161110		
♥ OI Driver Info					
Driver Name	JAGJIT SINGH S/O MOKAND SINGH	Driver Type	Main Driver	M2 TO ME DOOD	12/32/04/20
Unnamed driver Name		Driver NRIC	S17377880	Driver DOS	22/09/1966
Register Date of Driver License	31/12/2016	Driver Age	52	Driving Experience Contact No.(Home)	2
Contact No.(Mobile)	92781622	Contact No.(Office) Address 2	HOUGANG AVENUE 1	Address 3	SINGAPORE 530112
Address 1 Address 4	BLK 112 #03-1114	Address Type	Singapore address	Post Code	530112
Unit No.		Addissa 1994	Singaport address	7000 0000	330112
Does he own a Singapore	AM 315	Driver Vehicle No.		Driver Insurer Company	
Registered car?	⊕ Yes → No	Driver venicle No.		briver insurer company.	
Declaration					
Breathalyser or Blood Test		100000000	On Maria Constant		
Reading?	0 mg	Any injury?	⊕ Yes ⊛ No		
Modification History					
Claim 001 New					
Cum dot Han					
Claim Type *			OO-MX	Name DAGIT SINGH S/	D MOKAND SIN NRIC S1737
Contract to Dispute			98206809	Contact No. NIL	Contact No.
Contact No.(Mobile)			90200009	(Home)	(Office)
Email Address				Ol Vehicle SGG1796K	TP Vehicle SHD54
active note and ex			-	Number	Number Name of
Claim Description			SGG1796K / SHD5	446Z ON 20 Sept 2019	Preferred 0 Workshop
Preferred	Secured Stability Co.				tracelling.
Workshop Beauer No. Finalisation Yes		rt Fault GIA Receive	d T		
Finalisation Fes Date Registered	Option Preserved workshi	op, rearre unknown report recove	21/09/2019 16:42	Claim Close	Date Received 21/09
				Date	
Report Taken By			LIEW SHAN HUI		
P					
Print AK letter					
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Attachment					
Attechment					
Ψ					
Accident No.	MT/1063435	Claim No.	001		
Last Doc, Received	₩ Yes ⊕ No	Upload Date	21/09/2019 16:42		
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Message Read					
T. Tables Annual					

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	Uploaded By/Date	Folder Date	F	le Name		9	Source	
Video List								
	NAC_PAYA_U81_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:42		Photos		Normal	Photos :	2019-9-21	
	NAC_PAYA_UB1_B00601(NATIONAL ASSESSMENT CENTRE SERVICES) ø 21 Sep 2019 16:42		Photos		Normal	Photos :	2019-9-21	
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	NAC_PAYA_UBI_800601(NATION 21 Sep	31_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 21 Sep 2019 16:42			Normal	Photos	2019-9-21	
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		NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o NRI 21 Sep 2019 16:42		Y	Normal	NRIC/ Driving I	icense 2019-9-21	
Attachment	Uploaded By/Date Category		Purgency		Description			

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