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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.
- 2. 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.
- 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

Updag/c/wakesa	9.0
	ACCIDENT STATEMENT
Date Of Report	23/09/2019 09:55
Date Of Accident	21/09/2019 08:50
Exact Location Of Accident	NEWTON CIRCUS ROUNDABOUT
Country/State of Loss	SINGAPORE
THE PROPERTY OF THE PARTY OF TH	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME1331H
Insured/Policyholder	
Name Of Registered Owner	TAN WEI MING VICTOR
NRIC No	S8222969H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93362513
Alternative Phone No	OFFICE-93362513
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5104628672
Cover Note Number	
Driver	
Name of Driver	TAN WELMING VICTOR (CUEN WEIMING VICTOR)

Name of Driver TAN WEI MING VICTOR (CHEN WEIMING VICTOR)

NRIC No S8222969H Date Of Birth 23/07/1982 Occupation OUTDOOR Date Of Driving Pass 13/01/2011

Driving Experience 8 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93362513

Fax Number

Contact Number OFFICE-93362513

EMail Address NOEMAIL Address 239 WAK HASSAN DRIVE

Postcode 757539

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

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 ambulance?

NO

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?

YES

Remarks/ Reasons: Was there any audio recorded?

VIDEO FOOTAGE WITH DRIVER NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SDD738L

Vehicle Make/Model/Colour

NISSAN

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

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TAN WEI MING VICTOR (CHEN WEIMING VICTOR)

BODY

SME1331H

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the detailed the accident to speed up the claims process.
- 2. This form must be completed by the Pollinholder and for the Authorited Deliver.
- 1. Information provided must be as pathful and accurate as possible. Any will dimiss extend bon or with tolding of meterial facts may allow incurance componies to repudiate policy liability.
- a. The beside and exceptance of this Form by incurance companies and an admission of policy liability on the cast of the insurance
- 5. Any felic reconfing may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made evallable upon application by interested centles.
- 7. By the lodgment of this report to the insurers, you hereby consent to the architing of this report at the centre and to copies of
- 5. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and entrent that:

- (1) My insurer, my workshop and the General Insurence Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information sat 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/Jaw firms, the Monetary Authority of Singapore and any relevant government agency/suthority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my dains including the settlement of the claims and any necessary investigations relating to the daims;
 - (ii) investigating the secident and/or my dalms:
 - (iii) carrying out and/or deaths, with my instructions or responding to any enquiries by me;
 - (iv) administering my cizims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclesure 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, fixedling and/or dealing with my dains. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' iswyers/law firms, may/are parmitted 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 on agests uncluding their lawyarr/ aw firms), which may be sted outside of Singapore, for one or more of the above Purposes.
- (b) my Personal information will also be collected and used to compile delms history for the purpose of freed detection. investigation and management in present and all future claims.
- (e) the information so collected under (d) above thay be thered / disclosed;
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, faw enforcement and government agandes as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Folloybolder's Signature

& Times

Driver's Signature

(If driver is not the policyholds!)

Date & Time:

Reporting Contro Fersonnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	vehrele A: SME1331 Vehicle B: SDD738L
	VEHICLE 6: SOD738L
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
on the stated time and date, I was travelling on	my vehicle bearing
carplate number SME133114 at the Newton Round-about	on the most left lane.
The state of the s	
Approaching the traffic junction where the light had turned	rea, I slowed down
and eventually came to a complete stop, where shortly after	there was an impact
from the front right side of my vehicle. I later check my	in- car comera recording
to realise that vehicle B bearing carplate number SDD+381	nad changed lane and
nit onto the front right side of my vehicle.	
the trong train stat of my venicle.	
•	
CLARATION	
le de dato the fotegoine particulars are true in every respect.	
P . 1	
cyfrydd Scripture Orince y of the Report	ting Contre Personne Se Signature
Ya conti (If defice is not the policyholder) Nome	

Date of Accident	21/9/2019 Accident Time: 0849 (24-HR-Format)
Accident Place	: Newton Circus Round about
Vehicle Reg. No. (Car Plate No.)	SME 1331 H
Vehicle Make/Model	Togota wish
Insurance Company	NTUL Policy No.
Owner or Company Name /IC No.	: Tun Wei Miny Victor S8222 969H
Owner or Company Contact No.	9336 2513 Owner's Hp Company Tel
DRIVER'S Name / IC No.	: Tun wei Miny victor S8222969H
DRIVER'S Date Of Birth	: 23/07/1482 DRIVER'S License Pass Date
Relationship of Owner & Driver	: Spouse \ Parents \ Children \ Sibling \ Employee\ Others:
DRIVER'S Address	: 239 Wak Hussen Drive Schyapure 757539.
DRIVER'S Contact No / Alt No.	:1)2)
DRIVER'S Occupation	: INDOOR OUTDOOR (e.g. working inside or outside office)
Email Address	: Admin@ mycar . sg
Weather & Road Surface	CLEAR & DRY TRAINING & WET \ AFTER RAIN & WET
Reporting Type	: Reporting Only Claim Other Party \ Claim Own Insurance
Number of Passengers (Including D	river): 0 1
Was there any video Captured by es Exact purpose for which vehicle wa	ar camera YES NO s being used at the time of accident: Private use \ Work purpose
Other I	Party Driver's Particular (if any)
Vehicle Reg. No: SDD 738 L	Vehicle Reg. No:
Vehicle MakelModel: NBSan	Vehicle Make\Model:
Name Driver:	Name Driver:
IC No. Driver:	IC No. Driver:
Driver's Contact & Add:	Driver's Contact & Add:

Hello, NAC_PAYA_UBI_80	0601				The second second		. Chan	ge Languag		and of any lay to the	alClaim
My Desktop	Poli	cy Query					Citati	ye canguas	e Char	ge Password	, Log Ou
Notice of Loss Policy No.					Date	of Accident		21/09/2019 (08:50		
	Vehicle	No.(For Motor)	SME1	331H		Certif	ficate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104628672		TAN WEI MING VICTOR	58222969H	GPC	drivo CLASSIC	SME1331H		16/10/2018	02/12/2019

Policy No.	5104628672	Policyholder Name	TAN WEI	MING VICTOR	Policyholder	58222969	н
Certificate No.		realine /		species de la faite de la fait de la faite de la faite de la fait de	NRIC	30222303	
Address	BLK 608 #03-71 CLEMENTI WES	ST STREET 1 S	SINGAPORE	120608			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	16/10/2018	Effective Date	16/10/201	8 00:00	Expiry Date	02/12/201	9 23:59
Excess Type		All Claims Excess					
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	2000	Outside Singapore TP Excess	1500			You	ung/Inexperience Driver Excess
Agent	LQ INSURANCE AGENCY PTE LTI	Agent Tel.	63340783		GST Flag	Υ	
	No						
lag Open Policy Info Certificate Info	No older Mailing Address						
Flag Open Policy Info Certificate Info Policyho		Addres	ss 2	CLEMENTI WEST S	STREET 1	Address 3	SINGAPORE 120608
Policy Info Certificate onfo Policy Policyholddress 1	older Mailing Address		ss 2 ss Type	CLEMENTI WEST Singapore address		Address 3	
nsurance Flag Open Policy Info Certificate Info Policyho dddress 1 dddress 4 Unit No.	older Mailing Address	Addres	s Type d Policy				SINGAPORE 120608 120608
Plag Open Policy Info Certificate Info Policyho Address 1 Address 4 Jinit No.	older Mailing Address BLK 608 #03-71	Addres Relate	s Type d Policy	Singapore address			
Plag Open Policy Info Certificate Info Policyho Inddress 1 Inddress 4 Init No.	BLK 608 #03-71 03-71 Object: SME1331H	Addres Relate	s Type d Policy	Singapore address			
pen olicy Info dertificate onfo Policy Policy hoddress 1 ddress 4 onto No.	Dider Mailing Address BLK 608 #03-71 03-71 Object: SME1331H	Addres Relate Numbe	s Type d Policy	Singapore address 5104628672		Post Code	

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olicy No.	5104629672	Vehicle No.	SME1331H	GST Registration No.	
irtificate No.					
ficyholder Name	TAN WEI MING VICTOR			Policyholder NR3C	58222969H
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	
Hact No.(Mobile)	93362513	Contact No.(Office)	0		0
eil Address		Special Remark	0	Contact No.(Home)	0
	® No ○ Yes			eCode	At V
		TCA	® No ○Yes	eCode Reason	
Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
ort Date	23/09/2019 10:04	Accident Report Within 24 hrs	Yes	Acceptant Town	
of Accident	21/09/2019			Accident Type	Collision - Change / Cross la
orting Centré	22002013	Time of Accident hh:mm	08:50	Country of Accident	Singapore
		Orange Force		ICM No.	
dent Location	NEWTON CIRCUS ROUNDABOUT				
Excess					
damage Excess	2,000.00	Additional Excess	0	Windscreen Excess	100.00
med Driver Excess	0.00	Outside Singapore CO Excess	2,000.00		
Perty Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits			3,300.00		
GST Registered Inform	nation				
Registered					
registration No.	No		GST Registration Date		
cation History			GST Status Verified	Yes	
Policyholder Mailing A	address				
SS 1		S P De l'Orde	The state of the s		
	BLK 608 #03-71	Address 2	CLEMENTS WEST STREET 1	Address 3	SINGAPORE 120608
188 4		Address Type	Singapore address	Post Code	120608
No.	03-71	Related Policy Number	5104628672		
OI Driver Info		(2 tyro vocattivason voltary V)			
r Name	TAN WEI MING VICTOR (CHEN WEIMING VICTOR)	Driver Type	Main Driver		
med driver Name	Vocation — IN St.	Driver NRIC			78.2 SEC. 100.00
ter Date of Oriver Licens	e 13/01/2011	\$500 Sec. 1	58222969H	Driver DOB	23/07/1982
ct No.(Mobile)		Driver Age	37	Driving Experience	A
Children and Co	93362513	Contact No.(Office)	0	Contact No.(Home)	0
95 1	239 WAK HASSAN DRIVE	Address 2	WATERCOVE	Address 3	SINGAPORE 757539
ess 4		Address Type	Singapore address	Post Code	757539
No.				-000-00-000	8000000
the own a Singapore	○ Yes ® No	Driver Vehicle No.		10000000000000000000000000000000000000	
stered car?		STATE OF THE PARTY		Driver Insurer Company	
ration					
thalyser or Blood Test	0 mg	Any injury?	® Yes ○ No		
ing?		and address.	@ res C m		
2002					
cation History					
N. 100 No.					
fication History					
50.000 Bu					
im 001 New	GO-MX ▼	Insured Name	TAN WEI MINIC VICTOR		-
New Mex	A TOTAL CONTRACTOR OF THE PARTY	Insured Name	TAN WEI MING VICTOR	Insured NRIC	58222960H
Type * ct No.(Mobile)	99362513	Contact No.(Home)	67924182	Contact No.(Office)	
Type * sect No. (Mobile) Address	99362513 VICTORT.3082@GMAIL.COM	Contact No.(Home) Of Vehicle Number	67924182 SME1331H		\$8222969H
Type + bot No.(Mobile) Address Address	93362513 VICTORT, 3082@GMAIL.COM Piease Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	67924182	Contact No.(Office)	
Type * tot No.(Mobile) Address lant Type Clament Type *	99362513 VICTORT.3082@GMAIL.COM	Contact No.(Home) Of Vehicle Number	67924182 SME1331H	Contact No.(Office)	
Type * tot No.(Mobile) Address lant Type Clament Type *	93362513 VICTORT, 3082@GMAIL.COM Piease Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	67924182 SME1331H	Contact No.(Office)	
Type + bot No.(Mobile) Address ant Type Clament Type+ ant Name + am Address Description	93362513 VICTORT, 3082@GMAIL.COM Piease Select	Contact No.(Home) Of Vehicle Number Type of Benefit *	67924182 SME1331H	Contact No.(Office)	
Type * act No. (Mobile) I Address ant Type Clament Type * ant Address Description	93362513 VICTORT.3082@GMAIL.COM Piease Select >>	Contact No.(Home) Of Vehicle Number Type of Benefit *	67924182 SME1331H Please Select	Contact No.(Office) TP Véhicle Number	
100 Marie 100 Ma	93362513 VICTORT.3082@GMAIL.COM Piease Select V >>	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	67924182 SME1331H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	S00738L
Type + set No.(Mobile) Address lant Type Clamant Type+ ant Name + ant Address Description med Workshop Contact re Finalisation	93362513 VICTORT.3082@GMAIL.COM Piease Select V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimart NRIC * Insured Liability * Preferered Repair Option	67924182 SME1331H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop SIA report	SD0738L
Type * act No. (Mobile) Address ant Type Claimant Type* ant Address Conscription med Workshop Contact re Finalisation Registered	93362513 VICTORT.3082@GMAIL.COM Piease Select V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability *	67924182 SME1331H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop	S00738L
Type * ect No. (Mobile) Address ant Type Claimant Type * ant Name * ant Address Osscription red Workshop Contact re Finalisation Registered t Taken By	93362513 VICTORT.3082@GMAIL.COM Piease Select V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimart NRIC * Insured Liability * Preferered Repair Option	67924182 SME1331H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop SIA report	SD0738L
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Type * ct No.[Proble) Address ant Type Clarmant Type * ant Name * are Address Description red Workshop Contact re Finalisation Legistered Taken By	93362513 VICTORT.3082@GMAIL.COM Piease Select V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	67924182 SME1331H Please Select Not at Fault Preferred Workshop, Name unknown	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop SIA report	SD0738L
Type * ct No. (Mobile) Address ant Type Clamant Type * ant Name * ant Address Description red Workshop Contact re Finalization legistered t Taken By int AK letter	93362513 VICTORT.3082@GMAIL.COM Piease Select V	Contact No. (Home) Of Vehicle Number Type of Benefit * Claimant NRIC * Insured Liability * Preferend Repair Option Claim Close Date	67924182 SME1331H Please Select	Contact No.(Office) TP Vehicle Number Name of Preferred Workshop SIA report	SD0738L
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Video List								
	NAC_PAYA_UBI_800601(NAT CES) on 23	IONAL ASSESSMENT CENTRE SERVI Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
T.	NAC_PAYA_UBI_800601(NAT CES) on 23	IONAL ASSESSMENT CENTRE SERVI Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
1	NAC_PAYA_UBI_800601(NAT CES) on 23	IONAL ASSESSMENT CENTRE SERVI Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
	NAC_PAYA_UBI_800801[NAT CES) on 2	TOWAL ASSESSMENT CENTRE SERVE T Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
	NAC_PAYA_UB1_800601(NAT CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 3 Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
8	NAC_PAYA_UBI_800601(NAT CES) on 2:	TIONAL ASSESSMENT CENTRE SERVI 3 Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
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(III)	NAC_PAYA_UB1_800601(NA' CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 3 Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
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學	NAC_PAYA_UBI_800601(NA CES) on 3	TIONAL ASSESSMENT CENTRE SERVI 3 Sep 2019 10:06	Photos		Normal		Photos 2019-9-23	
63	NAC_PAYA_UBI_800601[NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 23 Sep 2019 10:06	SAS		Normal		SAS 2019-9-23	
34 02	NAC_PAYA_UB1_800601(NA CES) on 2	TIONAL ASSESSMENT CENTRE SERVI 3 Sep 2019 10:07	NRIC/ Driving License	٧	Normal	MR	IC/ Driving License 2019-9-23	,
3-5-6			Category	9	Urgency		Description	Msg Sent? (CD)