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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**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 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.

iforesaid.	ACCIDENT STATEMENT
Salaba Assire	ACCIDENT STATEMENT
Date Of Report	23/09/2019 12:42
Date Of Accident	22/09/2019 15:55
Exact Location Of Accident	RIVERVALE DR BESIDE RIVERVALE MALL DROP-OFF POINT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA9705E
Insured/Policyholder	
Name Of Registered Owner	KWEK AI KEE LENA
NRIC No	S6904037C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96620302
Alternative Phone No	OFFICE-96620302
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY 1.5L 4AT ABS D/AB 2WD 4DR
Exact Purpose for which vehicle was being used time of accident	at WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	y NO
If No, Please state action to be taken	REPORTING ONLY
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	5103291260
Cover Note Number	
Driver	
Name of Driver	KWEK KOK KEONG LAWRENCE
NRIC No	S1587402C
Date Of Birth	23/08/1963
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765215
Fax Number	
Contact Number	OFFICE-97765215

NOEMAIL

BLK 465 UPPER SERANGOON ROAD Address

#04-1195

Postcode 530465

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

Passenger 1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

NO

2

NAME:

: MUTHUKRISHNAN GUNASEKARAN

GENDER:

: MALE

**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

FBN498A

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE

Vehicle Category Name of Driver

ASYRAF FAYYADH BIN SHARIFFUDIN

NRIC/Passport Number

S9842133E

Contact Number

87512780

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 16

### SKETCH PLAN

### **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.
- 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)

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:
  - 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)

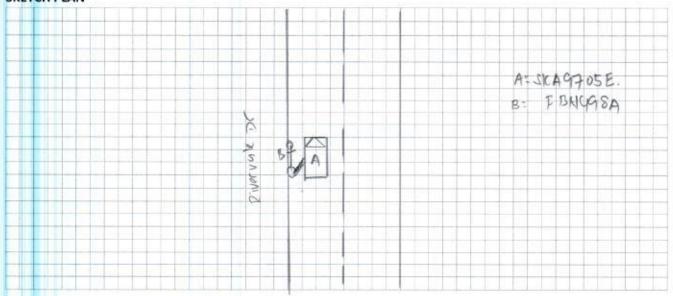
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

### SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refor to statemby.

# 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.:

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. AS FRONT HAVE A TRAFFIC LIGHT (RED LIGHT), MANY CARS WAS STOPPING THERE. I STOPPED BESIDE OF RIVERVALE MALL DROP OFF POINT. PASSANGER ASKED ME THAT CAN HE DROP OFF THERE. I DID TOLD THE PASSANGER THAT CHECK THE BLINDSPOT BEFORE OPENING OF VEHICLE DOOR. WHILE HE WAS OPENING OF VEHICLE DOOR, VEHICLE B WAS TRAVELLING SITE AND GRAZED ONTO MY FRONT LEFT PASSANGER DOOR. THE MOTORIST FELL TO ROAD SHOULDER AND MY PASSANGER GOING TO ASSIST HIM, AFTER THIS INCCIDENT, I DROVE MY VEHICLE TO THE FRONT, BUT THERE WASN'T ANY AVAILABELE PARKING LOT, IN A MEAN TIME, I SAW FROM BACK MIRROR THAT MY PASSANGER ASSIST MOTORIST, I SAW THAT THE MOTORIST WAS FINE AND THINKING THAT MOTORIST AVOID AND FELL OFF. THINKING MY VEHICLE DID NOT HIT ONTO HIM, I DROVE OFF TO PICK UP NEXT CUSTOMER. ABOUT 15 MINS LATER, I RECEIVED A CALL FROM PASSANGER THAT HE OPENED VEHICLE DOOR AND GRAZED ONTO THE MOTOCYCLE, THE MOTORIST FELL DOWN. AFTER THAT, I ALIGHT FROM MY VEHICLE AND NOTICED THAT MY VEHICLE FRONT LEFT DOOR DENTED. THE PASSANGER CALLED ME AND PUT INTO 3 PARTY TALK, THE MOTORIST AGREED TO HAVE PRIVATE SETTLEMENT WITH THE PASSANGER. LATER WHEN MOTORIST WHEN BACK, ONE OF THE FAMILY MEMBER CALLED AND SAID THEY WANT TO MAKE A REPORT. THERE AFTER, I LODGE ACCIDENT REPORT.

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My Desktop	Polic	y Query									Log out
Notice of Loss	Policy N	o.				Date o	of Accident	[2	2/09/2019	15:55	
	Vehicle	No.(For Motor)	SKA97	05E	10	Certifi	cate Number	Ε			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5103291260		KWEK AJ KEE LENA	S6904037C	GPC	drivo CLASSIC	SKA9705E	SKA9705E		17/10/2019
					C	ontinue	1				

Policy No.	5103291260	Policyholder	KWEK AT	CEE LENA	Policyholder	569040370	
Certificate		Name	New Maria	LE LEMM	NRIC	309040370	
Address	6 JALAN LYE KWEE SINGAPOR	E 537827					
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy ssue Date	24/08/2018	Effective Date	27/08/201	8 00:00	Expiry Date	17/10/2019	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	ing/Inexperience Driver Excess
Agent	B.A.S. INSURANCE AGENCY	Agent Tel.	67492112		GST Flag	Υ	
	Ata						
lag Open Policy Info Certificate Info	No colder Mailing Address						
Plag Open Policy Info Certificate Info Policyh		Addres	ss 2	SINGAPORE 53782	7 /	Address 3	
Plag Dpen Policy Info Certificate Info Policyh Address 1	older Mailing Address	22777.00	ss 2	SINGAPORE 53782 Singapore address		Address 3	537827
nsurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres Relate	ss Type d Policy			C.O. C.O. C.O.	537827
Plag Dpen Policy Info Dertificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres	ss Type d Policy	Singapore address		C.O. C.O. C.O.	537827
Policy Info Certificate Info Policy Policyh Address 1 Address 4 Unit No.	older Mailing Address 6 JALAN LYE KWEE d Object: SKA9705E	Addres Relate	ss Type d Policy	Singapore address		C.O. C.O. C.O.	537827
Plag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	6 JALAN LYE KWEE d Object: SKA9705E	Addres Relate Numbe	ss Type d Policy	Singapore address 5103291260		Post Code	537827 Endorsement Content

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licy No.	5103291260	Vehicle No.	SKA9705E	GST Registration No.	
runcate No. Loyholder Name	KWEK AI KEE LENA				
oduct Code	PRIVATE CAR INSURANCE	Court Tons	44.1 10.400-1	Policyholder NR3C	S6904037C
ntact No. (Mobile)	96620302	Cover Type Contact No.(Office)	drivo CLASSIC	Loading Contact No.(Home)	0
air Address		Special Remark	1.45	eCode	No. V
K	® No ⊜ Yes	TCA	® No ○Yes	eCode Reason	100.50
D Protection	No	NCD Entitlement(%)	40	Private Hire	Yes
Accident Details					
port Date	23/09/2019 15:13	Academt Report Within 24 hrs	Yes	Accident Type	Side Swipe
te of Accident porting Centre	22/09/2019	Time of Accident hh:mm	15:55	Country of Academt	Singapore
ident Location	Angelous and angelous and angelous	Orange Force		ICM No.	
Excess	RIVERVALE OR BESIDE RIVERVALE MALL DR	OP-OFF POINT			
n damage Excess	2,000.00	Additional Excess			
armed Driver Excess	500.00	Outside Singapore OD Excess	0	Windscreen Excess	100.00
d Party Excess	1,500.00	Outside Singapore TP Excess	2,000.00		
Renefits			1,300.00		
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
Policyholder Mailing Ac	idress				
ress 1	6 JALAN LYE KWEE	Address 2	SINGAPORE 537827	Address 9	
fress 4	27 / 25 (We by ) 200 / 20	Address Type	Singapore address	Address 3 Post Code	E27022
t No.		Related Policy Number	5103291260	8-5-700 MMM (III)	537827
OI Driver Info		500	1725 TABLES		
er Name	Unnamed Driver	Driver Type	Unnamed Driver		
samed driver Name	KWEK KOK KEONG LAWRENCE	Driver NR3C	S1587402C	Driver DOB	23/08/1963
ister Date of Driver License		Driver Age	56	Driving Experience	38
ress 1	97765215	Contact No. (Office)	D	Contact No.(Home)	0
ress 4	BLX 465	Address 2	UPPER SERANGOON ROAD	Address 3	SINGAPORE 530465
		Address Type	Singapore address	Post Code	530465
t No.	04-1195				
t No. es he own a Singapore	04-1195 O Yes @ No	Out-on technical time		100000000000000000000000000000000000000	
ts he own a Singapore	0+1195 ○ Yes ® No	Oriver Vehicle No.		Driver Insurer Company	
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is he own a Singapore intered car? aration athinyser or Blood Test ding?		Oriver Vehicle No.  Any injury?	○ Yes ® No	Driver Insurer Company	
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