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	i-Photo U	Jploaded		
TP Insurer:	Assessmen	t/Survey Report		
	Ass't Repo	rt by Fax / Hand to	Owner/Wksp	
Preferred Wksp / INC Assign Wksp / QW: (Tel: F:	ix:
TP Particulars: Veh No: SHD	5196 U	. INC()/Non-INC()	
Owner / Driver: (Tel:	,
	eriod: ()	Cover Type: (
Confirmed by: (Date:	Time:	1
Insured/Driver Liability: (%)	[Note-Est. Status		%; P: 21-79%. P: 80-10	10041
Year of Registration: ()	Warranty: YES	()/NO()	7, 1.21-7576. 1, 30-10	1070]
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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 <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 aforesaid.

ACCIDENT STATEMENT
ACCIDENT STATEMENT
24/09/2019 17:24
22/09/2019 06:35
JUNC BEACH RD & OPHIR RD
SINGAPORE
ETAILS OF OWN VEHICLE
SJW3814J
LAI ZHENGHAO
S8838263C
NOEMAIL
(LOCAL) +65-91188490
OFFICE-91188490
HONDA
STREAM 1.8L AT RSZ
PRIVATE USE
NO
REPORTING ONLY
PRIVATE HIRE
NTUC INCOME INSURANCE CO-OPERATIVE LTD
COMPREHENSIVE
YES
5102912386-01
KOH TONG CHUAN
S8802138Z
25/01/1988
OUTDOOR
23/09/2016
2 YEARS AND 11 MONTHS
MALE
(LOCAL) +65-85060919
OFFICE-85060919

NOEMAIL

BLK 15 MARINE TERRACE Address

#13-262

Postcode 440015

Was driver an employee of the Insured's Company NO

FRIEND 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? 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?

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)

NO 1

YES

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

ON STATED DATE AND TIME, WHILE I WAS TURNING LEFT TWDS OPHIR RD ON EXTREME LEFT LANE, SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B LEFT PORTION GRAZED ONTO MY VEHICLE RIGHT PORTION.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD5196U Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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;
 - 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)

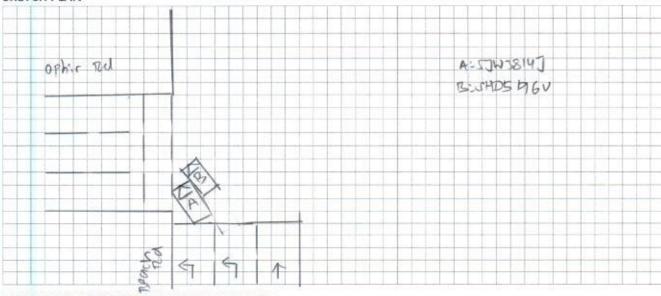
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

Hello, NAC_PAYA_UBI_80	0601						· Change La	nguage	· Change Pa	ssword +	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date of	Accident	22/09	9/2019 06:35	13	
	Vehicle	No.(For Motor)	SJW3814)		Certifica	te Number				
					Se	arch					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102912386- 01		LAI ZHENGHAO	S8838263C	GFT	drivo CLASSIC	SJW3814J		04/04/2019	

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Accident Details		III SUG ASSAURANCE MANAY	10.5%	Fillence Felle	Not available
port Date	23/09/2019 16:48	Accident Report Within 24 hrs	Yes	Accident Type	Others
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Excess					
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armed Driver Excess		Outside Singapore OD Excess	2,000.00		
d Party Excess	1,500.00	Outside Singapore TP Excess	1,500.00		
Benefits					
GST Registered Inform	ation				
Registered	No		GST Registration Date		
Registration No.			GST Status Verified	Yes	
fication History					
Policyholder Mailing Ad	Idress				
ress 1	8LK 1868 #02-26	Address 2	BEDOK NORTH STREET 4	Address 3	SINGAPORE 462186
ress 4		Address Type	Singapore address	Post Code	462186
Na.		Related Policy Number	5106553169		
OI Driver Info er Name		12/03/03			
smed driver Name		Driver Type Driver NRIC		Driver DOB	
ster Date of Driver License		Driver Age		Driving Experience	
act No.(Mobile)		Contact No. (Office)		Contact No.(Home)	
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ress 4		Address Type	Foreign address	Post Code	
No.		A CONTRACTOR OF THE PARTY OF TH		FOR LINE	
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