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### SINGAPORE ACCIDENT STATEMENT

- IMPORTANT NOTICE

  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.

	ACCIDENT STATEMENT			
Date Of Report	28/09/2019 09:33			
Date Of Accident	27/09/2019 08:05			
Exact Location Of Accident	LORNIE HIGHWAY TOWARDS BUKIT TIMAH ROAD			
Country/State of Loss	SINGAPORE			
D	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	SGF5615D			
Insured/Policyholder				
Name Of Registered Owner	TAN YANG LAY			
NRIC No	S1589986G			
Email Address	HUI_THOMAS@YMAIL.COM			
Mobile Phone No	(LOCAL) +65-91786226			
Alternative Phone No	OTHERS-90105884			
Vehicle Particulars				
Manufacturer	VOLVO			
Model	XC90			
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK			
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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	5059454237-06			
Cover Note Number				
Driver				
Name of Driver	THOMAS HUI JOR BOON			
NRIC No	S2223410B			
Date Of Birth	19/06/1963			
Occupation	INDOOR			
Date Of Driving Pass	24/01/1983			
Driving Experience	36 YEARS AND 8 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-90105884			
Fax Number				
Contact Number	OTHERS-91786226			
EMail Address	HUI_THOMAS@YMAIL.COM			

Address 48 JALAN SENYUM

Postcode 418197

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

### General Information of the Accident

Type Of Accident CHAIN COLLISION

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

Was any body injured in the Accident? YES

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)

#### **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?

Man there are outle recorded?

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

NO

YES

NO

1

NO

NO

YES

NO NO

Vehicle Registration Number GBC9512R

Vehicle Make/Model/Colour TOYOTA DYNA

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver LI CHAO
NRIC/Passport Number G8526337X
Contact Number 91219476

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLL8415D

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

MOHAMAD NIZAM BIN OMAR

NRIC/Passport Number

S7512632H

Contact Number

93220861

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF OTHER VEHICLE PROPERTY 3**

Vehicle Registration Number

SMC6198D

Vehicle Make/Model/Colour

TOYOTA SIENTA

**Details Of Properties** Vehicle Category

PRIVATE CAR

Name of Driver

LIM MIEN BIN JOO, LINA

NRIC/Passport Number

S7310849G

Contact Number

96951323

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### **DETAILS OF INJURED PERSON 1**

THOMAS HUI JOR BOON

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

SLIGHT

SGF5615D

YES

NO

Address

Postcode

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. 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.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. 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")
- 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
- 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.
- 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.
- 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:

Reporting Centre Personn

Name:

NRIC/FIN No.:

At 8:08 am. Origing along Lornic Highway towards

Bukit Timoh direction Detween Machthie and PIE.

Heavy traffic Vehicle in Front stopped (SMC 61980)

I stopped.

Lorry (GBC 951ZR) hit back of SGF x61SD (my wilds

can Ithat I was driving.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time: 28/9/19 09:40am

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMO SketchiffenForm V3

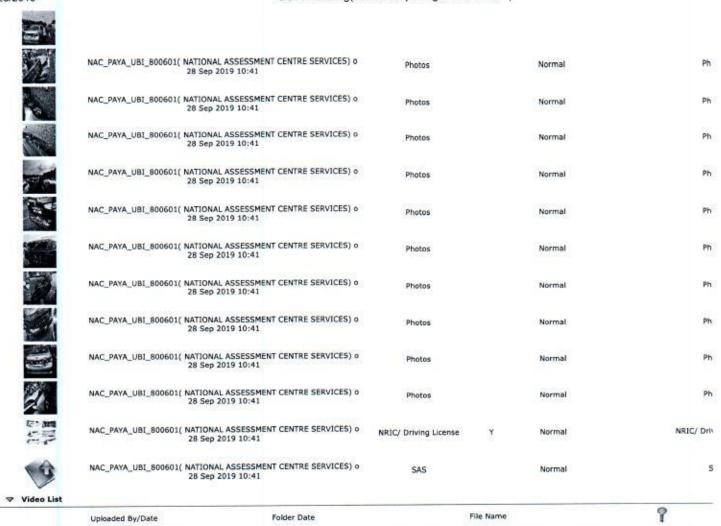
### **Claim Handling**

Accident MT/1064435					
Policy No.	5059454237-06	Vehicle No.	SGF5615D		GST Registrati
Certificate No.					
Policyholder Name	TAN YANG LAY				Policyholder Ni
Product Code	PRIVATE CAR INSURANCE	Cover Type	Third Party, Fire & Th	eft	Loading
Contact No.(Mobile)	91786226	Contact No.(Office)			Contact No.(Hr
Email Address		Special Remark			eCode
KFK	No  Yes	TCA	No Yes		eCode Reason
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
Report Date	28/09/2019 10:37	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	27/09/2019	Time of Accident hh:mm	08:05		Country of Acc
Reporting Centre		Orange Force			ICM No.
Accident Location	LORNIE HIGHWAY TOWARDS BUKIT TIMAH ROAD				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		0.00	
CANADA ANGEL	Al-mail-constitutes				
OD Standard Excess	0.00	TP Standard Excess		0.00	
rIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Cover
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable		0.00	
<b>▽</b> Benefits					
GST Registered Informat	tion				
SST Registered	No		GST Registra	ation Date	
GST Registration No.	NO		GST Status \		Yes
Modification History					.207.
iodinización mistory					
▼ Policyholder Mailing Add	iress				
Address 1	48 JALAN SENYUM	Address 2	SINGAPORE 418197		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5059454237-06		
OI Driver Info					
Driver Name	THOMAS HUI JOR BOON	Driver Type	Named Driver		
Unnamed driver Name		Driver NRIC	S2223410B		Driver DOB
	35000000	Driver Age	56		Driving Experie
Register Date of Driver License	22/11/2003				man and the state of the state
	22/11/2003	Contact No.(Office)			Contact No.(H
Contact No.(Mobile)	90105884	Contact No.(Office) Address 2			Contact No.(H
Contact No.(Mobile) Address 1		Address 2	Foreign address		
Register Date of Driver License Contact No.(Mobile) Address 1 Address 4			Foreign address		Address 3
Contact No.(Mobile) Address 1	90105884	Address Type			Post Code
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Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	90105884	Address Type			Address 3 Post Code
Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D		Address 3 Post Code
Contact No.(Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test	90105884	Address Type			Address 3 Post Code
Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D		Address 3 Post Code
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Contact No.(Mobile) Address 1 Address 4 Unit No.	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D		Address 3 Post Code
Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D		Address 3 Post Code
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Contact No. (Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D	Ор-мх	Address 3 Post Code  Driver Insurer
Contact No. (Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Modification History	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D	OD-MX	Address 3 Post Code  Driver Insurer  Insured IIA
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Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D	91786226	Address 3 Post Code  Driver Insurer  Insured TAN Name Contact No. (Home) OI
Contact No. (Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Claim 001  New  Claim Type *  Contact No. (Mobile)	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D		Address 3 Post Code  Driver Insurer  Insured TAN Name Contact No. (Home) OI
Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type *  Contact No. (Mobile)	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D	91786226 beneaththestar@yahoo	Address 3 Post Code  Driver Insurer  Insured TAI Name Contact No. (Home) OI Vehicle Number
Contact No. (Mobile)  Address 1  Address 4  Unit No.  Does he own a Singapore Registered car?  Declaration  Breathalyser or Blood Test Reading?  Addification History  Claim 001  New	90105884 Yes  No	Address Type  Driver Vehicle No.	SGF5615D	91786226	Address 3 Post Code  Driver Insurer  Insured Name Contact No. (Home) OI Vehicle Number
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Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?  Claim 001 New  Claim Type * Contact No. (Mobile)  Email Address  Claim Description  Preferred Workshop Registered No. Van	90105884  Yes No  O mg  Insured Liability Preference	Address 2 Address Type  Driver Vehicle No.  Any injury?  GIA Receiver	SGF561SD  Yes (#) No	91786226 beneaththestar@yahoo	Address 3 Post Code  Driver Insurer  Insured Ital Name Contact No. (Home) OI Vehicle Number R ON 27 Sept 2019
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Save Submit

### Attachment

Accident No. MT/1064435 Claim No. 001 Yes No Last Doc. Received Upload Date 28/09/2019 10:43 Path \* Category \* Confider Choose File No file chosen ▼ NO Clear Please Select Choose File No file chosen Clear Please Select ▼ NO Choose File No file chosen Clear Please Select ▼ NO ▼ NO Choose File No file chosen Clear Please Select Choose File No file chosen ▼ NO Clear Please Select Choose File No file chosen ▼ NO Clear Please Select Message Read **▽** Attachment List Attachment Uploaded By/Date Category Urgency NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:43 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 Photos Normal NAC\_PAYA\_UBI\_800601( NATIONAL ASSESSMENT CENTRE SERVICES) o 28 Sep 2019 10:42 https://giclaim.income.com.sg/gcs/icm/eclaim/registrationSave.do 2/3



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# ACCIDENT STATEMENT

ACCIDENT DATE: (27/09/2019) (DD/MM/YYYY), TIME: (08:08) (HH:MM)
LOCATION: Lornie Highway (between Mackitchie and PIE)
1. DETAILS OF VEHICLE towards Bykit Time
a) VEHICLE NUMBER: SGF X6/X D
DINSURANCE COMPANY: NTUC
C)POLICY NUMBER:
DIPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)
OJMAKE & MODEL: VOLVO XC90
() TYPE: (SALOON / COUPE / MPV /V AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / GOMMERCIAL / MOTORCYCLE)
h)PURPOSE OF USING AT ACCIDENT TIME: GOING TO WORK OF FICE
TARE TOU CLAIMING UNDER YOUR OWN INSUPANCE MEETING
" NO, PLEASE STATE (THIRD PARTY CLAIM / PEPOPTING ONLY)
WOOKED / FOLICY HOLDER
AINAME: TAN YANG LAY (MALE! FEMALE)
DINKIC/FIN/FASSPORT: 5/1899866 CONTACT: 6/20/3-1
C)ADDRESS: 48 JALAN SENTUM
* CONTINUE TO 3 de PRIVER 418197
Ho of passanger DRIVER DRIVER ALSO POLICY HOLDER
(Ind. 1: 1 all NAME: 140 MAS 4/11 720 and
b) NRIC/FIN/PASSPORT: 52223410 B CONTACT: 9010584
CIADDRESS: 48 JALAN SENTYM CONTACT: 90105884
SINGAPORE 418197
*d) DATE OF BIRTH: (19 106 11963 ) (DD/MM/YYYY)
e/OCCUPATION: (INDOOR / OUTDOOR)
FIDATE OF DRIVING PASS 24 Jan 1983
4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES! NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: SPOUSE  5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS
b)ROAD SURFACE: (DRY / WET / OTHERS
6. WAS ANYBODY INJURED (YES / NO)
7. a) REPORTED TO POLICE (YES / NO)
IF YES, PLEASE STATE WHICH POLICE STATION.
8. IHIRD PARTY VEHICLE
(1) DRIVER'S NAME: LI CHAD  C) NRIC/FIN/PASSPORT: G8526337X CONTACT: 91319476
(1) C) NRIC/FIN/PASSPORT: G8526337X CONTACT: 91219476
No of passenger of VEHICLE NUMBER: SLL8415D MODEL: Toyota Cordla Altis
Induding driver & DRIVER'S NAME: MOHAMAD NIZAM BIN OMAR
Induding drivzr )   DRIVER'S NAME: MOHAMAD NIZAM BIN OMAR   NRIC/FIN/PASSPORT: 575/263214 CONTACT: 9322086/
DRIVER NAME: LIM MIEN JOO, LINA MODEL: Toyota Sienta
STATE OF STATE OF LINA
No. of passenger NRIC : 57310849G. CONTACT: 96.951323
(1) email = hui_ thomas@ymail.com
VIDEO
MANN

**eBaoT**ech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

My Desktop Notice of Loss **Policy Query** 

0

Policy No. Vehicle No.(For Motor) SGF5615D

Date of Accident Certificate Number

· Change Language

27/09/2019 09:28

· Change Password

Certificate Number Select Policy No. 5059454237-06

Policyholder Name TAN YANG LAY

S1589986G

Policyholder Product Cover Type Vehicle No.

GPC Third Party, SGF5615D SGF5615D 23/04/2019 22/04/2020

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