NATIONAL Assessment Centre Se	ervices   well Janosyn	n 1913/696	88.5	
Jan 11. V 0 19-13: 0)	b description	Date & Time Completed	De	ne by
Res No: HALLYCIGOTATION S	SAS e-filing			
	E-mail (within Shrs, AIC 2hrs)			
00:	-Motor Claim Form			
	-Motor W/O (Within: OD 2hrs,	M11065467001	4/14/9	17:37
	-Photo Uploaded	I 4brs)		
	ssessment/Survey Report			
I NO DESCRIPTION	ss't Report by Fax / Hand to	Owner/Wksn		
Preferred Wksp / INC Assign Wksp / QW: (			ax:	-
TP Particulars: Veh No: 43586VA	. INC(	)/Non-INC( )	<b>a</b> X.	
Owner / Driver: (		Tel:	1	
Policy No: ( ) Period: (	)	Cover Type: (		
Confirmed by: (	Date:	Time:		
Insured/Driver Liability: ( %) [Note-E	st. Status (WO): N: 0-209	%; P: 21-79%. F: 30-1	00%]	-
Year of Registration: ( ) Warran	ty: YES ( )/NO( )			
Excess: (\$ ) Loading: \$1,000 (	)/\$2,000( )		The second second	
General Remarks:-		CARLES AN ACCUSANCE		
( ) Walk-In Customer: Customer's information	Strictly Confidential & Curio	A Proposition of the Control of the	S. 674 . 7	
( ) Total Loss Case : to e-mail Insurer URG	CENTLY	uy NO rater of repairer.		
- Indiana Andrea City	ELITELE.			
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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.

	ACCIDENT STATEMENT
Date Of Report	04/10/2019 17:03
Date Of Accident	04/10/2019 13:20
Exact Location Of Accident	JUNC HINDHEDE RD & HINDHEDE WALK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SME8787E
Insured/Policyholder	
Name Of Registered Owner	RICKY LEE
NRIC No	S8671020Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93214561
Alternative Phone No	OFFICE-93214561
Vehicle Particulars	
Manufacturer	BMW
Model	523I A
Exact Purpose for which vehicle was being used at time of accident	t 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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109438098
Cover Note Number	
Driver	
Name of Driver	RICKY LEE
NRIC No	S8671020Z
Date Of Birth	11/08/1986
Occupation	INDOOR
Date Of Driving Pass	09/02/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	
	MALE
Mobile Number	MALE (LOCAL) +65-93214561

NOEMAIL

Address

**BLK 268 YISHUN STREET 22** 

#03-446

Postcode

760268

OWNER

Was driver an employee of the Insured's Company NO

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

COLLISION - MAJOR/MINOR RD

Weather Conditions

DRIZZLING

Road Surface

WET

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? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B MAKE A RIGHT TURN FROM MINOR ROAD AND HIT ONTO MY VEHICLE FRONT LEFT PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number Vehicle Make/Model/Colour

**GBE8623A** 

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

ARULANTHU JOHN FRANCIS PETER

NRIC/Passport Number

G5274145P

Contact Number

Address

Postcode

Page 2 of 17

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1

NAME:

3

ME:

GENDER:

Passenger 2

NAME:

ME:

GENDER:

#### 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)

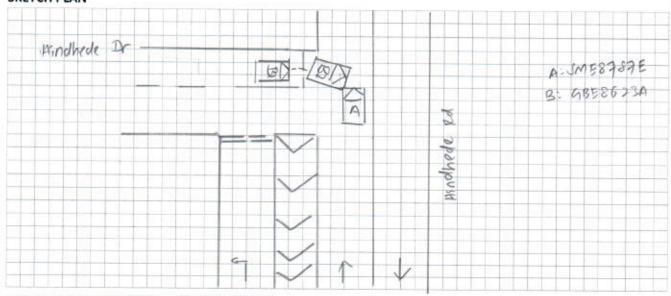
I understand, acknowledge, agree and consent that:

- (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

NRIC/FIN No .:

### SKETCH PLAN



#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
peter to statement.
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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 & Signature Name:

NRIC/FIN No.:

fello, NAC_PAYA_UBI_800	601						· Chang	e Languag	e + Chan	ge Password	· Log Ou
My Desktop	Poli	cy Query									12
Notice of Loss	Policy N	No.				Date	of Accident		04/10/2019 1	13:20	
	Vehicle	No.(For Motor)	SME87	87E		Certif	icate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5109438098		RICKY SEE	586710202	GPC	drivo CLASSIC	SME8787E	SME8787E	13/05/2019	20/03/2020

♥ Endors	ements						
<b>▶</b> Insure	d Object: SME8787E						
Jnit No.	03-44	Relate	d Policy	5109438098			
Address 4		Addres	ss Type	Singapore address	3	Post Code	760268
Address 1	BLK 268 #03-44	Addres	s 2	YISHUN STREET 22		Address 3	SINGAPORE 760268
Policy!	nolder Mailing Address						
Certificate Info							
Policy Info							
Flag Open							
nsurance	No						
Agent -	I INSURANCE AGENCY	Agent Tel.	67026779		GST Flag	Y	
Singapore OD Excess	600	Singapore TP Excess	0			Young	/Inexperience Driver Excess
Outside	600	Outside					
Additional Excess	0	OS Premium	0				
Excess	0	Excess	600		Excess	100	
Third Party	0	Own damage	600		Windscreen		
Excess Type	Per Accident	All Claims Excess					
Policy Issue Date	13/05/2019	Effective Date	13/05/201	9 00:00	Expiry Date	20/03/2020 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 268 #03-44 YISHUN STR	EET 22 SINGAPO	ORE 760268				
Certificate No.							
	5109438098	Policyholder Name	RICKY SE	E	Policyholder NRIC	58671020Z	

Claim Handling					
ocident MT/1065463	1202000000	TOXISMARKS	// National Control	SASSETT III	
felicy No.	5109438098	Vehicle No.	SME8787E	GST Registration No.	
Certificate No.					
Policyholder Name	RJCKY SEE			Policyholder NRIC	\$86710202
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
Contact No.(Mobile)	93214561	Contact No. (Office)	0	Contact No.(Home)	0
mail Address		Special Remark		eCode	No. 🕶
(FK	® No ○ Yes	TCA	No ○Yes	eCode Reason	
ICD Protection	Yes	NCD Entitlement(%)	50	Private Hire	No
Accident Details					
eport Date	04/10/2019 17:35	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Major Minor Road
ate of Accident	04/10/2019	Time of Accident Nhomm	13:20	Country of Accident	Singapore
eporting Centre		Orange Force		ICM No.	
ccident Location	JUNC HINDHEDE RD & HINDHEDE WALK				
7 Total Excess Applicable					
сская Туре	Per Accident	Windscreen Excess	100.00		
O Standard Excess	600.00	TP Standard Excess	0.00		
ED OD Excess	0,00	YIED TP Excess	0.00	Driver is Covered?	Covered
dditional Excess	0				
otal OO Excess Applicable	600.00	Total TP Excess Applicable	* 0.00		
7 Benefits			A20 (5375).0		
GST Registered Informa	ation				
T Registered	No		GST Registration Date		
T Registration No.			GST Status Venified	Yes	
odification History					
Policyholder Mailing Ad					
ddress 1	BLK 268 #03-44	Address 2	YISHUN STREET 22	Address 3	SINGAPORE 760268
ddress 4		Address Type	Singapore address	Post Code	760268
nit No.	03-44	Related Policy Number	5109438098		
OI Driver Info					
river Name	RICKY SEE	Driver Type	Main Driver		
nnamed driver Name		Driver NRIC	586710202	Driver DOS	11/08/1986
gister Date of Driver License	09/02/2010	Driver Age	33	Driving Experience	9
ontact No.(Mobile)	93214561	Contact No.(Office)	0	Contact No. (Home)	0
Oress 1	BLK 268	Address 2	YISHUN STREET 22	Address 3	SINGAPORE 760268
Idress 4		Address Type	Singapore address	Post Code	760268
nit No.	03-44			A MECHANISM	Tovero
oes he own a Singapore	○ Yes ( No	Driver Vehicle No.		or appropriate and the control of th	
egistered car?	0.111.0/10	Univer Venicle No.		Driver Insurer Company	
claration					
eathalyser or Blood Test	0 mg	Any injury?	() Yes ® No		
ading?	200	Anti-rigary)	0		
dification History					
Claim 001 New					
The same of the sa					
im Type *	OD-MX	Insured Name	RICKY SEE	Insured NRJC	58671020Z
ntact No.(Mobile)	MIL	Contact No. (Home)	67553012	Contact No.(Office)	
nail Address		Of Vehicle Number	SME8787E	TP Vehicle Number	G868623A
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select	The state of the s	
iment Name *	22	Claimant NRIC •			
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im Description	SME8787E / GBE8623A ON 4 Oct 2019			Name of Preferred Workshop	T
ferred Workshop Contact		Insured Liability *	Not at Fault		12
guire Finalisation	Yes	Preferend Repair Option		T 619	
te Registered	Processor and the Control of the Con		Preferred Workshop, Name unknown		Received V
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100 cm	NAC_PAYA_UBI_800601( NAT CES) on 0	DONAL ASSESSMENT CENTRE SERVE 9 Oct 2019 17:38	IT CENTRE SERVE NRIC/ Driving License Y Normal				wing License 2019-10-4	3.44		
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