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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
- 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.

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WHITE STATE OF THE	ACCIDENT STATEMENT
Date Of Report	14/10/2019 14:24
Date Of Accident	12/10/2019 09:30
Exact Location Of Accident	JUNCTION OF BUKIT BATOK EAST AVE 3/TOH TUCK ROAD
Country/State of Loss	SINGAPORE
建一种工作的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKA5062C
Insured/Policyholder	
Name Of Registered Owner	GT PTE, LTD.
Co Reg No	201622568K
Email Address	The state of the s
Mobile Phone No.	JEHANSHADIK@GMAIL.COM (LOCAL) +65-93899125
Alternative Phone No	OFFICE-90616427
Vehicle Particulars	OF FICE-906 (842)
Manufacturer	HONDA
Model	
Exact Purpose for which vehicle was being used a time of accident	STREAM-1.8 L (A) WORKING PURPOSES
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5111772470
Cover Note Number	S-INCAPARE NEWS
Driver	
Name of Driver	MOHAMMAD DAEES BIN EESAH
NRIC No	S7616533E
Date Of Birth	04/06/1976
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2002
Oriving Experience	17 YEARS AND 8 MONTHS
Sender	MALE
fobile Number	(LOCAL) +65-93899125
ax Number	1-1-217 -00-00000123
ontact Number	OTHERS-90616427
Mail Address	JEHANSHADIK@GMAIL.COM

JEHANSHADIK@GMAIL.COM

Address

BLK 294 TAMPINES STREET 22

#02-592

Postcode

520294

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

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

NO

Was any body injured in the Accident?

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)

3

Passenger 1

NAME:

: JURAIDAH BTE MD.SALLEH

GENDER:

: FEMALE

Passenger 2

NAME:

: PASSENGER (UNKNOWN)

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

PLEASE REFER TO SKETCH PLAN

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

SKV7705H

Vehicle Make/Model/Colour

AUDI A3

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)

SKETCH PLAN

Veh A: SKA 5062 C Veh B: Sky 7750H

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.
- 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
- 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
- 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:
 - (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
- (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:
 - (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.

THE AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL SHECK MY POLICY FOR MORE DETAILS

ST PTE LTD

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

SKETCH PLAN
Veh A: SkA 5062 C
Veh B: SkV 7705H

Toh Tuck Rd

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

R.V.L. Bakk Seel Also

Bully Batok East AVE 3 Stationary Was at the Junction traffic light was red) Velicle behind Collided

DECLARATION

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

GT PIE LID

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: /2/0/19 0:30

Reporting Cent

NRIC/FIN NO.

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Claim Handling(accident reporting Claim Task)

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- 25	NAC_BUNIT_HERAH_BOOKTAL N N (BUNIT HERA	NATIONAL ASSESSMENT CENTRE SERVICE HIT IN LA Oct 2019 14:40	NHSE/ Driving License	XII - 6	time	MICC/ Drive	ng License 2019-10-14	
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Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report *Date of Accident: 12-10-2019 Gert East Time of Accident: 10-3 9.30am *Accident Location: BUKTION OF BUCIT BATOK AVE 3, JUNCTION OF TOH TUCK ROAD Vehicle Details *Vehicle Number: SKA5062C * Make & Model: HONDA STREAM 1.8 L A Insured / Policyholder *Owner Name: GT He Ltd *NRIC: 201623568k *Address: *Email: 9389 9125 *Occupation: _____(Indoor / Outdoor) * Tel /H /Other: ____ Driver () same as above *Driver Name: MOHAMMAD DAGES BIN EESAH *NRIC: \$7616533E *Address: BLK 294 TAMPINES 57.22 \$02-592 *Date of Birth: 04-06-1976 *Driving Pass Date: 16-01-2002 *HP: 90616427 *Email: jehanshadik @amail.com *Gender: Male / Female *Occupation: ENGINER (Indoor / Outdoor) * Tel /H /Other: 9271 8620 *Driver an employee: Yes / No (*If no, what is relationship with the policyholder :______ Passengers Details * P/Name: JUEAIDAH BTE MD.SAUEH (Male/Female) * P/Name: ______ (Male/Female) * P/Name: Unknown (Male/Female) * P/Name: (Male/Female) Insurance Company *Insurer: *Coverage: C / TPFT / TPO * Policy No: _____ Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SKV7705H Vehicle No.: Make & Model: AUDI A3 Make & Model: Vehicle Category: Vehicle Category: ____ Name of Driver: Name of Driver: NRIC NRIC HP No. of Passengers (Including Driver): _ No. of Passengers (Including Driver):____ For Official Use Only *Claiming against Own Ins.: Yes / No (If No, Reporting Only / TP Claims) General Information of the accident

*Weather conditions: Clear / Raining / o	e / others:		
*Road Surface: Bry / Wet / others:	thers:	*Any video cam: Yes / 🔞	
*Witness: Yes / No (Name:	NRIC :	118	
*Accident reported to police: Yes / No	*Summon against whom:	HP:	-
*Injured party: Yes / No	*No. of passengers (inc	lude driver):	-

No. of passengers (include driver): _______

-I/Name: ______*Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

-I/Name: _____ *Fasten seat belt: Yes / No *Conveyed by Ambulance: Yes / No

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password My Desktop + Log Out **Policy Query** Notice of Loss Policy No. 5111772470 Date of Accident 12/10/2019 14:19 Vehicle No.(For Motor) SKA5062C Certificate Number Search Certificate Number Select Policy No. Policyholder Name Policyholder NRIC Product Cover Type Vehicle No. Insured Object Commence Date Expiry Date 5111772470-000015 5111772470 GT PTE. LTD. 201622568K drivo CLASSIC GFM SKA5062C 5KA5062C 18/08/2019 13/08/2020 Continue