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Owner / Driver: (411 14011		Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Timer)
Insured/Driver Liability: (%) [Note-Est Status (%; P: 21-79%. P: 80-10	10%] .
Year of Registration: () Warranty: YES ()/NO()	
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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 ladgement 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.

A DESCRIPTION OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	16/10/2019 14:32
Date Of Accident	14/10/2019 10:00
Exact Location Of Accident	ALONG JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC2427J
Insured/Policyholder	
Name Of Registered Owner	THYE HUA KWAN MORAL CHARITIES LIMITED
Co Reg No	201130733N
Email Address	LEESEEYEOW@THKMC.ORG.COM
Mobile Phone No	(LOCAL) +65-92998000
Alternative Phone No	OFFICE-84852760
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	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	5063825995-05
Cover Note Number	
Driver	
Name of Driver	TAN POH HUA
NRIC No	S1155933F
Date Of Birth	04/01/1956
Occupation	OUTDOOR
Date Of Driving Pass	23/02/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92998000
Fax Number	NC 00
Contact Number	OTHERS-84852760

LEESEEYEOW@THKMC.ORG.COM

BLK 148 SILAT AVENUE Address

#10-10

160148 Postcode

Was driver an employee of the Insured's Company YES

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

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) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

2

NO

: COLLEGUE

: MALE GENDER:

Passenger 2

NAME:

: COLLEGUE

GENDER:

: MALE

Passenger 3

NAME:

: COLLEGUE

GENDER:

: FEMALE

Passenger 4

NAME:

: COLLEGUE

GENDER:

: FEMALE

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 ATTACHMENT

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

SGH4401A

Vehicle Make/Model/Colour

TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR MESIR BIRGUN 87978650J 97235980

SKETCH PLAN

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.
- 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.
- 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.

太和東 THK THYE HUA KWAN MORAL CHARITIES LTD

Policyholder's Signature Date & Time:

Driver's Signature

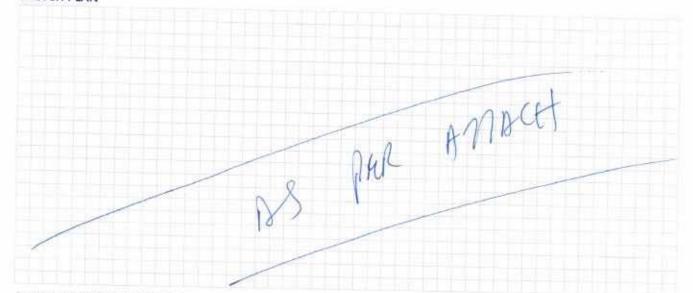
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signatur

Name:

NRIC/FIN No .:



DESCRIBE	CIRCUMS	TANCES	OF	THE	ACCIDENT
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LARATION	

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

太和观 THK THYE HUA KWAN MORAL CHARITIES LTD

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's S/gnature, April NRIC/FIN No.:

Name:

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ACCIDENT'STATEMENT

	CIDENT DATE: 10 10 19		10.00 PM IHH:WW	E s
loc	ATION: JLN BUKIT MEN	196		
	a) VEHICLE NUMBER: PC 21			14 g
	b)INSURANCE COMPANY: _ L c POLICY NUMBER:	1100		
36	d) POLICY TYPE: (COMPREHEN	SIVE / THIRD PARTY / THIRD	D PARTY FIRE &THEFT	1
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(0)	I)TYPE: (SALOON / COUPE / MF	PV /VAN / LORRY / MOTO		
6	9) VEHICLE CATEGORY: (PRIVA			(4)
	h)PURPOSE OF USING AT ACC			
	I) ARE YOU CLAIMING UNDER I			
	IF NO. PLEASE STATE (THIRD P	ARIB SENIM / REPORTING	ONCI	380
Ufdelle	AINAME:		MAKE / FEMALE	9910
(2 m)(2F)	b) NRIC/FIN/PASSPORT:	CONT	ASP: 76 72	1100
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19	a) WEATHER CONDITION: (OLE	AK / KAINING / OTHERS_		1
341 32	b)ROAD SURFACE: (DR) / WET	College The Colleg		-
	. a) REPORTED TO POLICE (YES /		. A . X	
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8	. THIRD PARTY VEHICLE	in security of the security of		
Af the of baseous an	a) VEHICLE NUMBER: SAW4		LI Tourta Goroll	<u>D</u>
Chiludiny driver) DRIVER'S NAME: MES	IT BIRGUN	010-0	_
()	c) NRIC/FIN/PASSPORT: 5	1865 OT CON	TACT: 97235981	2
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email = Leeseeyeon @THKMC. org. Sg

eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 14/10/2019 14:13 Vehicle No.(For Mator) PC24273 Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Select Policy No. Vehicle Insured Object Product Cover Type Commence Date

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THYE HUA KWAN MORAL CHARITIES LIMITED

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GBS Comprehensive PC2427J PC2427J 20/12/2018 19/12/2019

Expiry Date