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TP Particulars: Veh No: FB	M4933 P. INC ()/Non-INC()	15
Owner / Driver: (Tel:)
Policy No: ()	Period: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-2	0%; P: 21-79%. P: 80-1	00%]
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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.	
Charles and the second of the second	ACCIDENT STATEMENT
Date Of Report	22/10/2019 12:15
Date Of Accident	21/10/2019 18:10
Exact Location Of Accident	BEDOK NORTH RD
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJC5559M
Insured/Policyholder	
Name Of Registered Owner	TAN KOK TIONG
NRIC No	S1781374I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98194615
Alternative Phone No	OFFICE-98194615
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	C200 K A
Exact Purpose for which vehicle was being used at time of accident	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	5107394913
Cover Note Number	
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Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107394913
Cover Note Number	
Driver	
Name of Driver	TAN KOK TIONG
NRIC No	S1781374I
Date Of Birth	24/02/1966
Occupation	INDOOR
Date Of Driving Pass	18/10/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98194615
Fax Number	
Contact Number	OFFICE-98194615
EMail Address	NOEMAIL
	Page 1 of 1

50 LORONG 40 GEYLANG Address

#06-48

398074 Postcode

NO Was driver an employee of the Insured's Company

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

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)

1

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 ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

FBM4933P

Vehicle Make/Model/Colour

Details Of Properties

MOTORCYCLE Vehicle Category

Name of Driver SEAH KWANG HAU

S7721338D NRIC/Passport Number 86165051 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 14

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 <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.
- 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:
 - (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:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A. Gosssam B. Famue 33ap C. G. Samue 33ap C. Samue 33ap

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.:

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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5107394913		TAN KOK TIONG	S1781374I	GPC	drivo CLASSIC	SJC5559M	SJC5559M	22/02/2019	21/02/2020

Polic	cy Information	-					
Policy No.	5107394913	Policyholder Name	TAN KOK T	IONG	Policyholder NRIC	S1781374I	
Certificate No.							
Address	50 LORONG 40 GEYLANG #0	6-48 SUNNY SPR	ING SINGAP	ORE 398074			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	04/02/2019	Effective Date	22/02/201	9 00:00	Expiry Date	21/02/2020 23	:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	600		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young/	Inexperience Driver Excess
Agent	CHESSA INSURANCE AGENC	IES Agent Tel.	68424331		GST Flag	Υ	
Co- insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyl	nolder Mailing Address						
Address 1	50 LORONG 40 GEYLA	NG Addre	ss 2	#06-48 SUNNY S	SPRING	Address 3	SINGAPORE 398074
Address 4		Addre	ss Type	Singapore addres	is	Post Code	398074
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## 200-48 Related Policy Number 5107399937 ## 201 Driver Tuth ## 201				Address Type	Singapore address	Post Code	398074
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Service Serv		TAN KOK TIONG				Driver DOB	24/02/1966
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