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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.
- 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.

aroresaid.	
WINDS CO. ST. CO. LOS ST.	ACCIDENT STATEMENT
Date Of Report	23/10/2019 16:54
Date Of Accident	22/10/2019 21:30
Exact Location Of Accident	AT NO 9 LORONG 26 GEYLANG
Country/State of Loss	SINGAPORE
WELLOW HER COME VANIETY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA6692R
Insured/Policyholder	
Name Of Registered Owner	ANG SOR LENG (HONG SULING)
NRIC No	S7241279F
Email Address	KELVINLEE197203@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97438812
Alternative Phone No	OTHERS-90051483
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	VIOS
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	REPORTING ONLY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109397270
Cover Note Number	
Driver	
Name of Driver	LEE CHIN LEONG (LI JINLIANG)
NRIC No	S7209741F
Date Of Birth	23/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	12/03/2013
Driving Experience	6 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97438812
ax Number	1) (1) 103.50(3.555.07)
Contact Number	OTHERS-90051483
Man Address	AND

KELVINLEE197203@GMAIL.COM

Address

BLK 9 JALAN RUMAH TINGGI

#07-461

Postcode

150009

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

FRIEND

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

RAINING

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

NO

ambulance?

YES

Was any other material or property damaged? 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

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

**FBN1681E** 

Vehicle Make/Model/Colour

**Details Of Properties** 

MOTORCYCLE

Vehicle Category

GUI ZHI JIAN

Name of Driver

Contact Number

40432733

NRIC/Passport Number

87279886

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 14

#### 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: 33/10/5

Reporting Centre Personnel's Sign

Name:

NRIC/FIN No.:

toll

SKETCH PLAN

# ACCIDENT STATEMENT

ACCI	DENT DATE: (32)10)20/11 (DD/MM/Y)	MY). TIME: 121 : 30 111	H:MMI
	TION: 9 LORDE GEXYANG	PS	
	HON. I DIE TO GIFTE LEHING	F	
1.	DETAILS OF VEHICLE		2
	a) VEHICLE NUMBER: SLA 6692 R	** 14 14 14 14 14 14 14 14 14 14 14 14 14	. S v
	DINSURANCE COMPANY: NTUC	00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00.00 00	
	CIPOLICY NUMBER: 5/1939 727		
		<u> </u>	200-20-20-
	d)POLICY TYPE: (COMPREHENSIVE / THIRD P	'ARTY / THÏRD PARTY FIRE &	THEFT)
74	elMAKE & MODEL: 1/05		79
	TITYPE: SALOON / COUPE / MPV / VAN / LO	RRY / MOTORCYCLE / OTH	ERS)
	91 VEHICLE CATEGORY: (PRIVATE COMMER	RCIAL / MOTORCYCLE)	(T)
	THURPOSE OF USING AT ACCIDENT TIME:	DRIVING GOAR	
	I) ARE YOU CLAIMING UNDER YOUR OWN IN	SURANCE (YES NO)	
734	IF NO, PLEASE STATE (THIRD PARTY CLAIM A	REPORTING ONLY	77
2.,	INSURED / POLICY HOLDER		7
	AINAME: ANG SER LENG.	(MALE / FEMA	LE
	binric/fin/Passport: 724/1758	CONTACT: 9743	3/2
	c) ADDRESS:		
9.5			37
Star of	* CONTINUE TO 3.d IF DRIVER ALSO POUCY I	HOLDER '	3. *
Ho of passanger	DRIVER /65 MILLS	0.000	
(Including driver)	dINAME: LE CHIN LEOND	MALE / FEMA	UEL O CHANGE
(_ )	binric/fin/Passport: 720574/6-	CONTACT: TOUTE	at 1/005/480
/	CIADDRESS: BLIES JACAN RUMA	H 7(N/161 # C-1-4)	6/
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	DOCCUPATION: (INDOOR (OUTDOOR)	12012	65.0
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79	WAS DRIVER AN EMPLOYEE OF THE INSU	RED'S COMPANY? (YES	(NO)
4	IF NO, RELATIONSHIP OF THE DRIVER W	ITH INSURED!	3
300	O) WEATHER CONDITION: (CLEAR / RAINING	OTHERS KHIN	
4	D)ROAD SURFACE: (DRY / WED / OTHERS WAS ANYBODY INJURED (YES / NO)		
7	D) REPORTED TO POUCE (YES /NO)	** # 5	
- 10K.#L 0.0	IF YES, PLEASE STATE WHICH POLICE STATIO	NIC X	
8. 1	THIRD PARTY VEHICLE	N:	
the of passenaur	O) VEHICLE NUMBER: FBN/68/E	MODEL:	
(Induding driver)	b) DRIVER'S NAME: QUI ZHI JIAN	MODEL:	
1 1	c) NRIC/FIN/PASSPORT: 40435733	CONTACT: 87279	El C
9. 1	HIRÖ PARTY VEHICLE	VIII VIII VIII VIII VIII VIII VIII VII	-
	d) VEHICLE NUMBER:	MODEL:	
No of passenger	e) DRIVER'S NAME:	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(Industing driver)	I) NRIC/FIN/PASSPORT:	CONTACT:	
( )	7	CONTACT:	
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email = KELVIN LEE 197203 @ GMOIC WM

Accident MT/1068255								
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Sertificator No.	210434/230	Venucle No.	TE-\$6692H		GST Mes	patradus No.		
Policyholder Name	ANG SOM LIFNG (HONG SULING)							
historica Code					Asticyto	krer NRIC	57241279F	
Softest No (Mobile)	PRIVATE CAR INSURANCE	Cover Type	Briss CLASSIC		Lieding		0	
mail Address	87438812	Centact No.(Office)			Cortact	No.(Hirms)		
ORC .	e No. Yes	Special Remark			eCircle :		No. 7	
ACD Protection		TEA	e No Yes		wCode R	RANGE .		
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egister Date of Driver License	12/03/2013	Orliner Age	47		Driving E			
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