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### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

Fax Number Contact Number

**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.

	ACCIDENT STATEMENT
Date Of Report	25/10/2019 13:54
Date Of Accident	25/10/2019 04:15
Exact Location Of Accident	WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ6082G
Insured/Policyholder	
Name Of Registered Owner	LIM JIA NI JANICE
NRIC No	S1672207C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98263120
Alternative Phone No	OFFICE-98263120
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ESQUIRE 2.0 GI CVT
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097612699-01
Cover Note Number	
Driver	
Name of Driver	CHUA HAI HONG
NRIC No	S1597681J
Date Of Birth	27/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98276312
F100 T1 N 100 T1	

OFFICE-98276312

NOEMAIL

Address

BLK 319 HOUGANG AVENUE 5

#09-09

Postcode

530319

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG 1ST LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE REAR RIGHT 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

SJV1052J

Vehicle Make/Model/Colour

**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

#### 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.
- 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:

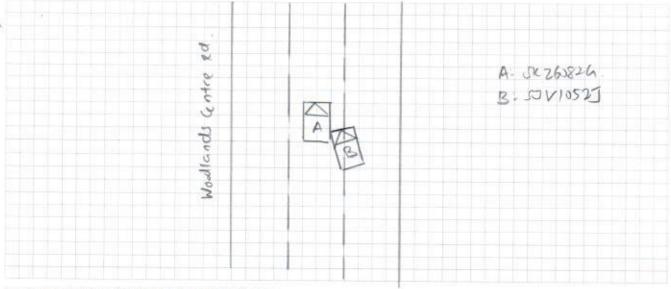
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Name:

Reporting Centre Personnel's Signature

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

I/We declare the foregoing particulars are true in every respe-

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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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		25/10/2019 0	04:15	
	Vehicle	No.(For Motor)	SKZ60	92G		Certif	icate Number	i			
					-	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5097612699- 01		LIM JIA NI JANICE	S1672207C	GPC	drivo CLASSIC	SKZ6082G	SKZ6082G	28/01/2019	27/01/2020

Sequenc	e Date of Endorsemen	nt E	ndorsemen	t Type	Endorsement	Status	Endorsement Content
♥ Endorse	ements						
D Insured	Object: SKZ6082G						
Jnit No.		Related Numbe	d Policy er	5097612699-01			
Address 4		Addres	s Type	Singapore address	1	Post Code	530319
Address 1	BLK 319 #09-09	Addres	s 2	HOUGANG AVENUE	5	Address 3	SINGAPORE 530319
110000000000000000000000000000000000000	older Mailing Address						
Certificate nfo							
Open Policy Info							
nsurance lag	No						
Co-	NO TON MOENCE	Agent rel.	63440727		GST Flag	Y	
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Additional Excess	0	OS Premium	0				
Third Party Excess	1500	Own damage Excess	2000		Windscreen Excess	100	
Excess Type		All Claims Excess					
Policy Issue Date	24/01/2019	Effective Date	28/01/201	9 00:00	Expiry Date	27/01/2020	23:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 319 #09-09 HOUGANG AV	ENUE 5 SINGA	PORE 5303	19			
Certificate No.		,,,,,,,,			WRIC	// A P O P O P O P O P O P O P O P O P O P	
Policy No.	5097612699-01	Policyholder Name	LIM JIA N	I JANICE	Policyholder NRIC	\$1672207C	

Continue Cancel

Accident MT/1068589											
Policy No.	5097612699-01		Vehicle No.	SK2606	ter.						
ertificate No.			70.00	SKZBUB	20		GST Registration	No.			
Olicyholder Name	LIM JIA NI JANICE						YeA 1807 A 180 TO 280 A	_			
roduct Code	PRIVATE CAR INSI	JRANCE	Cover Type	deter Ci	ACCIC		Policyholder NR	£	S167	2207C	
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mail Address				Special Remark			Contact No.(Home)			_	
FK	® No ○Yes		TCA	0.00	30		eCode:		30.5	6	
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Accident Details			NCD Entitlement(%)	30			Private Hire		Yes		
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	25/10/2019 15:15		Accident Report Within 24 hrs	Yes			Accident Type		Collis	on - Change / Cross lar	
ite of Accident	25/10/2019		Time of Accident hh:mm	04:15			Country of Accid	ent	Singa	pore	
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GST Registered Inform	nation										
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Registration No.					ST Status Verified		Yes				
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	2200										
Policyholder Mailing A											
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Iress 4			Address Type	Singapore	e address		Post Code		53031		
t No.			Related Policy Number	50976126	699-01						
OI Driver Info											
ver Name	CHUA HAS HONG		Driver Type	Named Dr	over						
named driver Name			Driver NRIC	3159768)	L3		Driver DOB		27/02	1963	
aster Date of Driver License	26/09/2007		Driver Age	56			Driving Experience	e	12		
tact No.(Mobile)	98276312		Contact No.(Office)	0			Contact No. (Home	e)	0		
ress 1	BLK 319		Address 2	HOUGANG AVENUE 5						SINGAPORE SIGILS	
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