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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.
- 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.

多种研究员的协议员员的企业	ACCIDENT STATEMENT
Date Of Report	12/11/2019 16:06
Date Of Accident	11/11/2019 08:45
Exact Location Of Accident	APANDAN LOOP EXTING FROM PANTECH BUSINESS BLDG
Country/State of Loss	SINGAPORE
拉克尼亚岛的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFK503L
Insured/Policyholder	
Name Of Registered Owner	FOONG KWOK SUN
NRIC No	S0039021F
Email Address	PFOONGKS@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96252879
Alternative Phone No	OTHERS-96252879
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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	5112411734
Cover Note Number	
Driver	
Name of Driver	FOONG KWOK SUN
NRIC No	S0039021F
Date Of Birth	11/05/1953
Occupation	INDOOR
Date Of Driving Pass	19/08/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96252879
Fax Number	
Contact Number	OTHERS-96252879
EMail Address	PFOONGKS@YAHOO.COM.SG

Address

BLK 84 TELOK BLANGAH HEIGHTS

#18-329

Postcode

100084

Was driver an employee of the Insured's Company NO

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

Type Of Accident

COLLISION - MAJOR/MINOR RD

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

20416

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)

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

SMG9244M

Vehicle Make/Model/Colour

MITSUBISHI

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

KRISHAN

NRIC/Passport Number

Contact Number

90690521

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 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.

Policyholded's Signature

oldeb's Signature Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Pegopnnel's Signature

Name:

NRIC/FIN No.:

	POWINCH BLOG
	192,194,196 \$ 198 PANDAN 100P
B SMG 9244m	SMG 9244 M
	Pouron loop

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CONTRACTOR OF CONTRACTOR AND AN AND AND
Today, 11 NOV 2019 time 8.45 am accident.
I turn out from Pantech Building. Turning left 5 mg 9244 M turning right
The accident happens when his car is turning right, while I am turning left.

DECLARATION

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

Policyholder's Signature

Date & Time:

11 Nov - 13 10

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persoppel's

Name:

NRIC/FIN No .:

ACCIDENT'STATEMENT

DETAILS OF VEHICLE OVEHICLE NUMBER: HY WARD SOFT SORT DIPOLICY NUMBER: HY WARD SOFT SORT OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT) OPOLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY HILLS OPOLICY TO USING AT ACCIDENT TIME: OPOLICY TO USING A	ACC	IDENT DATE: 111/200/MM/Y	MY), TIME: (8:45)(HH:MM)
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C)POLICY NUMBER: d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEF!) e)MAKE & MODEL: 1/TYPE (SALOOM / COUPE / MPY / VAN / LORRY / MOTORCYCLE, / OTHERS) g)VEHICLE CATEGORY (PRIVATE / COMMERCIAL / MOTORCYCLE, / OTHERS) 1/ARE YOU CLAIMING UNDER YOUP OWN INBURANCE (YES ALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 1/ARE YOU CLAIMING UNDER YOUP OWN INBURANCE (YES ALO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER ANAME: D)NRIC/FIN/PASSPORT: CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER ONLY CONTACT: CONTACT: ONLY CONTAC	1	a) VEHICLE NUMBER: MY undai	85 SFK 503L .
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PRICHINASSPORTIS 116 9-601 CONTACTI TO 9901	durding driver)	b) DRIVER'S NAME: WI CHIELE She	Krishau
of passanger of VEHICLE NUMBER:MODEL:	()	c) NRIC/FIN/PASSPORT: STILL 4 60	2 CONTACT: 90 690,52
dubing the control of DRIVER'S NAME:			VODEL:
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	returning driver		CONTACT:
	()	¥5 € 61	
		%4 ₇₈	* **

email = p foong Ks @yehoo: com. 5g.

Claim Handling

ccident MT/1071082					
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ertificate No.					Secretario di constanti
alicyholder Name	FOONG KWOK SUN	QUITATEREMENT	9 National States		Palicyhalder N
roduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	96252879	Contact No. (Office)			Contact No.(H
mail Address		Special Remark			eCode
FK	= No Yes	TCA	No Yes		eCode Reason
ICD Prolection	Yes	NCD Entitlement(%)	50		Private Mire
Accident Details					
Report Date	12/11/2019 16:52	Accident Report Within 24 hrs	Yes.		Accident Type
Date of Accident	11/11/2019	Time of Accident liberary	Q8:45		Country of Act
leporting Centre		Grange Force			ICM No.
Accident Location	PANDAN LOOP EXTING FROM PANTECH BU	SINESS BLDG			
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100	0.00	
00 Standard Excess	600.00	TP Standard Excess	9	0.00	
VIED OD Excess	9.00	VIED TP Excess		0.00	Driver is Cove
Additional Excess	0.00	Active 11 America		NoTA	074777047656
		Total TP Excess Applicable	1	0.00	
Total OD Excess Applicable	600,00	twen in carries applicating		1000	
→ Benefits	W225				
→ GST Registered Informat Output Description: Output D			GST Registration Di	atiii	
SST Registered	tvo		GST Status Verified		Yes
GST Registration No.			See 1. Steller Antilyte		1,0-9
Hodification History					
Policyholder Mailing Add	ress				
Address 1	5LK 84 #18-329	Address 2	TELOK BLANGAH HEIGHTS		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	18-329	Related Policy Number	5112411734		
♥ 01 Driver Info					
Driver Name	Foong Kwak Sun	Driver Type	Main Driver		
Unnamed driver Name		Oriver NRIC	50039021F		Driver DOB
Register Date of Driver License	D1/01/1989	Driver Age	66		Driving Expe
Contact No.(Mobile)	96252879	Contact No. (Office)			Contact No.(
Address 1	BLK B4 #18-329	Address 2	TELOK BLANGAH HEIGHTS		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	18-329				
Does he own a Singapore Registered car?	Yes - No	Oriver Vahicle No.	SPK503L		Driver Insur
AND DESCRIPTION					
Declaration Breathalyses or Blood Test	Terror Transport	Any Injury?	Yes + No		
Reading?	0 mg	may require	743 - 114		
Modification History					
Claim 001 New					
			14.1		
Claim Type *			00-1	8X	* Insured Name
120 A 176 / 1 POLICE 2000			9625	2070	Contact No.
Contact No.(Mobile)			9625	2013	(Home)
Email Address					Vehicle Number
Claim Description			SEKS	03L / SMG9244M O	
17					
Preferred	Insured Liability Not a	t Fault Op. Name unknown GIA Receiv	ed v		
Preferred Workshop Propuler for			eq		Claim
Workshop Bostates No. Finalisation Yes	Repair Preferred Worksh Option	op, Name unknown report Receiv	Date:	Company of the last	
Workshop Bonnet No. Van	 Repair Preferred Worksh 	op, Name unknown report Receiv	12/1	1/2019 16:57	Close Date
Workshop Bostates No. Finalisation Yes	 Repair Preferred Worksh 	op, Name unknown report Receive	10000	1/2019 16:57 LI WAHAB	Close

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Attachment

Accident No. MT/1071082 Claim No. 001 Last Doc: Received * Yes No Upload Date 12/11/2019 16:58 Path: * Confider Choose File No file chosen Oter Please Select * NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select * NO Massage Read Attachment List Attachment Uploaded By/Date Category Urgency NAC_BUKIT_MERAH_909576(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov-2019 16:58 Photos Normal NAC_BURIT_MERAH_BI0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 12 Nov 2019 16:58 Photos Normal Ding NAC_BUXIT_MERAH_800676[NATIONAL ASSESSMENT CENTRE SERVICE S (BUXIT MERAH)) on 12 Nov 2019 16:58 Photos Nurmai ₽ho シップラン NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:58 Photos Normal NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:58 Priotos Mormal Phi NAC_BUKIT_MERAH_B00976(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Nov 2019 16:58 Photos Normal Phic NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 12 Nov 2019 16:57 Phutos Normal Pho NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:57 Photos Normal Pho NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:57 Photos Normal. Phi NAC_BUKIT_MERAH_BG0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:57 NRIC/ Orlving License NRECZ Delv NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:57 NRIC/ Driving License Normal MRIC/ Driv NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 12 Nov 2019 16:57 5A5 Normal 50 Video List Uploaded By/Date Folder Date 9 File Name

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eBaoTech GeneralClaim Hello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password tog Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 11/11/2019 16:05 Vehicle No.(For Motor) SEKSOUL Certificate Number Search Certificate Number Policyholder Name Select Policy No. Policyholder NRIC Vehicle No. Insured Object Commence Date Product Cover Type Expiry Date FOONG KWOK SUN 5112411734 drivo CLASSIC S0039021F GPC SFK503L SFK503L 22/09/2019 21/09/2020