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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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
- 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

发出以外,但外外会的上次是一点,但是一个正是	ACCIDENT STATEMENT
Date Of Report	12/11/2019 11:36
Date Of Accident	11/11/2019 18:00
Exact Location Of Accident	NORTH BUONA VISTA ROAD TOWARDS HOLLAND ROAD
Country/State of Loss	SINGAPORE
学生学 》上《学·罗斯·英国·英国·	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGZ2993B
Insured/Policyholder	
Name Of Registered Owner	PRESTO EXPAT MOTORING SERVICES PTE. LTD.
Co Reg No	200713089K
Email Address	BETTY@PRESTOEXPATMOTORING.COM
Mobile Phone No	(LOCAL) +65-96857783
Alternative Phone No	OFFICE-91154268
Vehicle Particulars	
Manufacturer	NISSAN
Model	SYLPHY-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
f No, Please state action to be taken	REPORTING ONLY
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	5109441522
Cover Note Number	
Driver	
Name of Driver	CARDENAS FISHER MONICA
NRIC No	F2176392Q
Date Of Birth	11/07/1970
Occupation	INDOOR
Date Of Driving Pass	03/09/2018
	ACCUPATION OF THE PROPERTY OF

FEMALE

+65-96857783

OTHERS-91154268

BETTY@PRESTOEXPATMOTORING.COM

1 YEAR AND 2 MONTHS

Address

BLK 1N PINE GROVE

#02-66

Postcode

591301

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

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

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

NO

ambulance?

Was any other material or property damaged? I have been approached by unknown person(s)

YES

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

SGR97T

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)

2

Passenger 1

NAME: :

GENDER: :

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 withholding 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. 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.
- 7. 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:
 - (i) 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
- 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.
- 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.
- 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

MO

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 12

Reporting Centre Per Name:

NRIC/FIN No.:

SKETCH PLAN MOKTH	SUDNIA VISTA	TOWALDS	HOLLBOND	ROAD.
	Chings -	1		
A) SG2 2993	8			
8) SGR 97	1,	1951		
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We declare the foregoing particular	rs are true in every respec	1	/al.	12019
olicyholder's Signature ate & Time:	Driver's Signature		Reporting Centre Perso	nnel's Signature
ARWC Septembers, ve	(If driver is not the police Date & Time: Z \	ZO(9)	Name: NRIC/FIN No.:	de Wastows
	10:20) am		

Jul - Lumen ...

ACCIDENT'STATEMENT

ACCI	DENT DATE: 11: 11: 200 100	/MM/YYY), TIME:(6: : DY) (HH:MM)
		- Dwards Holland	Road
1,	DETAILS OF VEHICLE GZ 29 a) VEHICLE NUMBER: GZ 29 b) INSURANCE COMPANY: NTU c) POUCY NUMBER: 5 1094413 d) POUCY TYPE: (COMPREHENSIVE / e) MAKE & MODEL: N 13 16 A S f) TYPE: (SALOON / COUPE / MPV / V. g) VEHICLE CATEGORY: (PRIVATE / C.) h) PURPOSE OF USING AT ACCIDENT	13 B THIBD PARTY / THIRD PARTY E YIPMY 1-6 A AN/LORRY / MOTORCYCLE. COMMERCIAL / MOTORCYCLE. TIME: Private	OTHERS)
E2	I) ARE YOU CLAIMING UNDER YOUP IF NO, PLEASE STATE (THIRD PARTY		- 10
2.,	A) NAME: Presto Expat Mot b) NRIC/FIN/PASSPORT: 2007130 c) ADDRESS: 49 1 River Vall	oring Services Ptg Htle	8577783 371).
with a	· CONTINUE TO 3.d F DRIVER ALSO	POUCYHOLDER	
Children driver.)	DRIVER d) NAME: MONICA CORDEN, b) NRIC/FIN/PASSPORT: 52176 c) ADDRESS: BLK IN PINE SIN BATOLIE 50	1) FIMEL MALES 3978 CONTACT: 9 6007F \$02-66	FEMALE)
	6) OCCUPATION: (INDOOR) OUTDO 1) DATE OF DRIVING PACE WAS DRIVER AN EMPLOYEE OF T IF NO, RELATIONSHIP OF THE DE 1) WEATHER CONDITION: (CLEAR)	HE INSURED'S COMPANY? NIVER WITH INSURED: H RAINING / OTHERS	(YES Y NO)
	b) ROAD SURFACE: (DRY / WET / OT WAS ANYBODY INJURED (YES / (O)) O) REPORTED TO POUCE (YES / (O)) IF YES, PLEASE STATE WHICH POUCE	Scott restrict contracts and set of s	
the of passinger (Including driver)	THIRD PARTY VEHICLE O) VEHICLE NUMBER: SGR97 b) DRIVER'S NAME:	LTMODEL:	
(.Z)	c) NRIC/FIN/PASSPORT:	CONTACT:	
the of passunger	d) VEHICLE NUMBER:	MODEL!	
(Including driver)	O) DRIVER'S NAME:	CONTACT:	11/2/1/2
(_)	94 章	(A)	ж.

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Claim Handling

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					11.000	11100	200	PRAIRIE	way.

Breathstyser or Blood Test Reading? Any injury? Yes + No Modification History Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Begalage No. Preferred Workshop Date Registered Insured Liability Fully at Fault Report Report Report Received Preferred Workshop, Name unknown Report Received Preferred Option	ACCIDENT M1/10/1126					
Contract No. Cont	Policy No.	5109441922	Vehicle No.	SC276616		SERVICE CONTRACTOR
PLOSE PLEET HASTER INSURANCE	Certificate No.	\$109441522-000008		- 100000 (17000)		GST Registra
Product Code PLEF NASTER INSURANCE Contact Nat_OTTICal	Pulicyholder Name	PRESTO EXPAT MOTORING SERVICES PTE. LTD	1.			
Contact Not	Product Code			CSINFAGLPDSHEET		Policyholder
Separation Sep	Contact No.(Mobile)			drive CLASSIC		Loading
MCD Peterstripio	Email Address					Contact No.()
NCD Protection Re	KFK	- No Yes				eCode
Report Date	NCD Protection			- No Yes		eCode Reaso
Date of Accident		,40;	NCD Entitlement(%)	0		Private Hire
Date of Accident	Report Date	**************************************				
Reporting Centre			Accident Report Within 24 hrs.	3988		Accident Type
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GST Registration No. 200713099K GST Registration Note		tion				
Modification History Policyholder Maliling Address Address 1				GST Regi	stration Date	12/5
### Policyholder Mailing Address Address 1		200713089K		GST Stat	us Verified	Yes
Address 1 491 RIVER VALLEY ROAD Address 2 #D1-D4 VALLEY PDINT Address 4 Address Type Singapore address Polity France Other Name Unnamed Driver Unnamed Driver Unnamed Driver Contact Na (Maible) Contact Na (Maible) Contact Na (Maible) Deck inc own a Singapore Register Carr Ves = No Deck round a Singapore Register Distore Claim 001 New Claim Type * Claim Description Frafererd Workshop Email Address Insured Liability Fully at Fault Fully at Fault Fully at Fault Facility Full	Committee of the second					
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Driver Name Unnamed Driver Unnamed driver Unnamed driver Name CARDENAS FISHER MONICA Driver Age Contact No. (Mobile) Contact No. (Mobil			Related Policy Number	5109441522		
Diver Type Uninamed Driver CARDENAS FISHER MONICA Register Date of Driver License Ozro8/2018 Contact No. (Mobile) Contact No. (Mobile) Address 1 IN PINE CROVE Address 2 Address 2 Address 3 Address 4 Unit Na. Unit	⇒ OI Driver Info					
Entanged driver Name CARDENAS FISHER MONICA Driver NRIC 92176392Q Register Date of Driver License 03709/2018 Driver Age 49 Contact No. (Midnile) Contact No. (Office) Address 1 1 1N PINE GROVE Address 2 #02-86 PINE GROVE Address 4 Driver Name President Address Type Foreign address Unit No. 02-86 Decis of Singapore Registered President Any Injury? Yes No Declaration New Office No.		Unhamed Driver	Driver Type	Unnamed Driver		
Register Date of Driver License Contact No. (Munile) Contact No. (Munile) Address 1 1 N PINE CRIDVE Address 2 Address 32 Address 32 Address 4 Unit Na. Decis Type Foreign address Unit Na. Decis Type Ves = No Driver Vehicle No. SGZ2938 Driver Vehicle No. SGZ2938 Decis Type Claim 001 New Claim Type * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Any Injury? Preferred Workshop Any Injury? GIA Repair Preferred Workshop Any Injury? GIA Received Preferred Workshop Any Injury		CARDENAS FISHER MONICA	Driver NAIC			Politica Pilita
Contact No. (Mobile) Address 1 IN PINE CRIDUE Address 2 #02-66 PINE GROVE Address Type Foreign address Unit Na. Does he own a Singapore Registered Car? Yes = No Driver Yehicle No. SGZ2938 Declaration Breathalyser or Blood Test Reading? Claim 17pp * Claim 101 New Claim 17pp * Contact No. (Mobile) Email Address Claim Description Preferred Workshop Preferred Worksh		03/09/2016	Driver Age			Driver DOB
Address 1 IN PINE GROVE Address 2 #02-66 PINE GROVE Address 4 Address Type Foreign address Unit Na.	Contact No. (Mubile)		Contact No.(Office)	Ħ		Driving Experis
Address Type Foreign address Unit Na.	Address 1	IN PINE GROVE		403.44 base eno	146°	Contact No.(H)
Does he own a Singapore	Address 4		Address Type		VI.	Address 3
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GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE 6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030

Operating Hours: Monday to Friday, 09:00 – 17:00 UEN; 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

(200)	ADDENDUM
(A) PARTICULARS OF	PERSON MAKING THEAMENDMENTS:
Original Report No	NIMITENTASID
Name(as shownin NRIC	ORDANGS FICHAR MONLEST Vehicle Registration No: SG2298B
(*Vehicle Driver/\	(ehicle Owner) (*) Please delete as appropriate
Address	:
Contact (Tel)	Singapore()
Email Address	Mobile No.:9115426
Date of Accident	11/1/2018
	Holand August 1 Time of Accident: 18:00
Place of Accident	MORTH MUENTA VISTA ROOD TOWNERS HOUGHED BOAD
Insurance Company	: Muc
(B) ADDITIONALINFOR	MATION/AMENDMENTS:
THE VEHICLE	on the above mentioned accident and would like to include additional information or amendments: Number 10 SGR 977 EN SKANCH. PLAN
Policyholder / Driver's	Signature 18/4/2019
Date:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date: