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OD TP Reporting Only	i-Photo Upload	(Within: OD 2hrs, 7P 4	hrs)		F = 1 - 4 - 14
TP Insurer:	Assessment/Surr	vey Report	nar/IVI/rn		
Preferred Wksp / INC Assign Wksp / QW: (					
	Cata	To		ax:	
Owner / Driver: (	12260d		Non-INC( )		
	Period: (		el:	)	
Confirmed by : (			rer Type: (	)	
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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.

名是16.50% 年为台灣(15.00m)。 12.00m)	ACCIDENT STATEMENT
Date Of Report	02/12/2019 10:13
Date Of Accident	29/11/2019 14:00
Exact Location Of Accident	SINARAN DR TWDS IRRAWADDY RD
Country/State of Loss	SINGAPORE
A CONTRACT CONTRACT OF THE PARTY OF THE PART	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV2484R
Insured/Policyholder	
Name Of Registered Owner	KOH AIK SING
NRIC No	S1698515E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97660933
Alternative Phone No	OFFICE-97660933
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	C-HR HYBRID 1.8S CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5106467177
Cover Note Number	
Driver	
Name of Driver	KOH AIK SING
NRIC No	S1698515E
Date Of Birth	24/01/1965
Occupation	OUTDOOR
Date Of Driving Pass	07/06/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97660933
Fax Number	

OFFICE-97660933

NOEMAIL

BLK 258C COMPASSVALE ROAD Address

#09-579

Postcode 543258

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 - 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?

YES

Was any injured conveyed to hospital by

NO

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)

**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

REFER TO STATEMENT.

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

SKJ5260A

Vehicle Make/Model/Colour

BMW

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

LEE EU GENE

NRIC/Passport Number

S7160304J

Contact Number

82820247

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name

KOH AIK SING

Page 2 of 14

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

**NECK & BACK** 

SLV2484R

YES

NO

### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> on the details of the accident to speed up the claims process.
- 2) This form must be completed by the policy holder 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>.
- 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 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.
- 8) Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

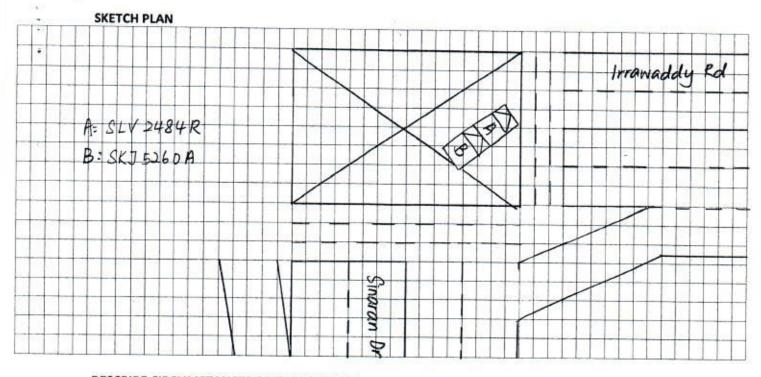
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in the [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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 envelops/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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or

(II) For complying with requirements under my regulations, laws or court orders.

Policy holder's signature

Date / time:

Driver's signature (if driver is not policy holder) Date / time: reporting centre personnel's Signature
Date / time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| Was turning right from Sinaran Drive towards Irrawaddy

Road. As there was some pedestrians crossing the road

| Stopped to give way, Out of sudden, I felt an impact

from my rear.

#### DECLARATION

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

Policy Holder's signature Date & time: Driver's signature (if driver is not policy holder) Date & time: reporting centre personnel's Signature NRIC/FIN No.:

Page 6

# SINGAPORE ACCIDENT STATEMENT

# IMPORTANT NOTICE

- Complete and submit this form to the individual insurance authorised reporting centre.
- Please report correctly on the details of the accident to speed up the claim process.
- This form must be filled up by the policy holder and/or authorised driver.
- Information provided must be as fruitful 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.
- Any false reporting may be referred to the traffic police department for investigation.

		ACCIDEN	T DETAI	LS			
Date of accident	29/11	12019				(DI	O/MM/YY)
Time of accident	1400			24			(HH:MM)
Exact location of accident	Along	Sinaran	Drive	towards	irrawaddy	Road.	

<b>美国市场的企业,全个国际</b>	D	<b>ETAILS OF</b>	VEHICLE	他是表演		
Vehicle registration number	SLV 2484	R		III.		
Vehicle make and model	Toyota (	CHR				
Type of vehicle	Saloon   Lorry	MPV 🗆 Bus 🗆	CRV Moto	□ Van orcycle □	Others:	
Vehicle category	Private Ø	Comme	ercial 🗆	Motorcy	cle 🗆	
Purpose of using at said time						
Are you claiming under your own insurance company?	Yes □ Third part cl	No 🗷		ase select:		

	INSURANCE IN	FORMATION	
Insurance company	NTUC		
Policy number	20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		
Type of policy	Comprehensive	Third party fire & theft $\square$	TP only □

	INSURED / POLICY HOLDER		A STATE OF THE PERSON NAMED IN
Name	Koh Aik Sing	Male 1	Female 🗆
NRIC / Fin / Passport number	S1698515E		
Contact	9766 0933		
Address	BIK 258 C Compassivale Road # 09-57 S(543 258)	9	

DRIVER	SAME AS INSURED ABOVE (SKIP TO D.O.B)	September 1
Name	Male 🗆	Female 🗆
NRIC / Fin / Passport number		
Contact		
Address		
Email address		
Date of birth	24/01/1965	
Occupation	Indoor D Outdoor	
Driving date pass	07/06/1983	

CARL LOCAL COLOR OF THE	GENERAL INFORMATION OF THE ACCIDENT
Was driver an employee of	Yes D No Z
the insured's company?	If no, relationship of the driver and insured:Owner
Accident captured by camera?	Yes D No Z
Weather condition	Clear Raining Others:
Road surface	Dry D Wet Ø
No of passenger	(Inclusive of driver)
<b>美国电影社员</b>	PASSENGER 1
Name	
Gender	Male  Female
A STATE OF THE STA	PASSENGER 2
Name	
Gender	Male  Female
<b>美国中国国际经济国际</b>	PASSENGER 3
Name	
Gender	Male  Female
Leading to the second s	
<b>和结合的</b> 2000年00日,中	PASSENGER 4
Name	
Gender	Maled Female D
	PASSENGER 5
Name	
Gender	Male  Female
THE RESERVE OF THE PARTY OF THE	PASSENGER 6
Name	
Gender	Male  Female
/	
The second second second second	OTHER INFORMATION
Was anybody injured?	Yes No 🗆
Was other vehicle damaged?	Yes No 🗆
The second second	DETAILS OF POLICE STATION ACTION
Reported to police?	Yes   No   If yes, please state which police station.
Police station name	
是AND LEADING TO A SECOND	WITNESS 1
Name	
<b>阿拉拉克</b> 斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯	WITNESS 2
Name	

<b>图</b>	THIRD PARTY VEHICLE 1
Vehicle registration number	SKJ 5260 A
Vehicle make model	BMW
Name	Lee Eu Gene
NRIC / Fin / Passport number	571603043
Contact	8282 0247
	THIRD PARTY VEHICLE 2
Vehicle registration number Vehicle make model	
Name	
NRIC / Fin / Passport number	· · · · · · · · · · · · · · · · · · ·
Contact	
	THIS SASTIVE WAS A
Vehicle registration number	THIRD PARTY VEHICLE 3
Vehicle make model	
Name	1
7.77.77	
NRIC / Fin / Passport number Contact	
Contact	
	THIRD PARTY VEHICLE 4
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
BATHATA STATE STATES	THIRD PARTY VEHICLE 5
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
/	
<b>然</b> 是这一种一个人们会被告诉。	THIRD PARTY VEHICLE 6
Vehicle registration number	
Vehicle make model	
Name	
NRIC / Fin / Passport number	
Contact	
METERS AND DESCRIPTIONS	THIRD PARTY VEHICLE 7
Vehicle registration number	
Vehicle make model	
Name /	
NRIC / Fin / Passport number	
Contact	

<b>文</b> 在数据图念。由365万元		INJURED PERSON 1
Name	Koh A	rk Sing
Injuries sustained	The second secon	and neck
Which vehicle person in?	SLV 24.	
Were seat belts worn?	Yes	No 🗆
Was injured conveyed to	Yes 🗆	Nox
hospital by ambulance?		
<b>发现的现在分词形式的</b>		INJURED PERSON 2
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
	MALEY S	INJURED PERSON 3
Name		
Injuries sustained		
Which vehicle person in?		
Were seat belts worn?	Yes 🗆	No 🗆
Was injured conveyed to	Yes 🗆	No 🗆
hospital by ambulance?		
<b>电影对象</b> 对图 古经验在全国的		INILIRED PERSON 4
Name		INJURED PERSON 4
Name Injuries sustained		INJURED PERSON 4
Injuries sustained		INJURED PERSON 4
Injuries sustained Which vehicle person in?	Yes	
Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No Ø
Injuries sustained Which vehicle person in?	Yes  Yes	
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No Ø
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No Ø
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to		No Ø No □
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained		No Ø No □
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?		No Ø No □
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?		No Ø No □
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No Ø No □ INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes 🗆	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to	Yes 🗆	No D  INJURED PERSON 5
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name	Yes 🗆	No D  INJURED PERSON 5  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained	Yes 🗆	No D  INJURED PERSON 5  No D  No D
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in?	Yes  Yes  Yes	No D  INJURED PERSON 5  No D  NO D  INJURED PERSON 6
Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn? Was injured conveyed to hospital by ambulance?  Name Injuries sustained Which vehicle person in? Were seat belts worn?	Yes  Yes  Yes  Yes  Yes	No D  INJURED PERSON 5  No D  INJURED PERSON 6
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My Desktop Notice of Loss	Policy	Query					containg	canguay	Chan	ge Password	1 Log Ou
Notice of Lass	Policy No.					Date o	of Accident		29/11/2019 1	14:00	
	Vehicle No	o.(For Motor)	SLV241	34R		Certifi	cate Number	[			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0 5	106467177		KOH AIK SING	S1698515E	GPC	drivo CLASSIC	SLV2484R	SLV2484R	19/12/2018	25/12/2019

Sequenc	Date of Endorsement	E	ndorsemen	Туре	Endorsement :	Status	Endorsement Content
□ Endorse	ements						
Insured	Object: SLV2484R						
nit No.	09-579	Related Numbe		5106467177-01			
ddress 4		Addres	s Type	Singapore address	F	ost Code	543258
ddress 1	BLK 258C #09-579	Addres	s 2	COMPASSVALE ROA	AD A	Address 3	SINGAPORE 543258
Policyh	older Mailing Address						
ertificate nfo							
pen olicy Info							
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igent Io-	THE AGENCY PIE. L	Agent Tel.	63467588		GST Flag	Y	
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xcess	0	OS Premium	0				
Excess	1500	damage Excess	2000		Windscreen Excess	100	
Third Party	9/1/2023	Excess Own			72600		
Excess Type		All Claims			COLOR STORES		TOTAL SECTION
Policy issue Date	19/12/2018	Effective Date	19/12/201	8 00:00	Expiry Date	25/12/2019 2	3:59
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Address	BLK 258C #09-579 COMPASSVA	LE ROAD SIN	GAPORE 54	3258			
Certificate No.		waitie			NRIC	515505152	
Policy No.	5106467177	Policyholder Name	KOH AIK :	SING	Policyholder	S1698515E	

Accident MT/1073782  Policy No.  Contribute No.	SAMPLE CONTRACT									
ertificate No	5106467177		Vehicle No.	5LV248	4R		GST Registration	n No.		
olicyholder Name	KCH AIK SING						Policyhorder NR	ic.	5160	651 KIE
roduct Code	PRIVATE CAR INSURANCE 97660933		Cover Type	drivo CLASSIC					51696515E	
intact No. (Mobile)			Contact No. (Office)	0	327.07		Loading		0	
neil Address			Special Remark	4			Contact No. (Hor	ne)	0	
×	® No ○ Yes			2000			eCode		141	5
D Protection			TCA	® No (	) Yes		eCode Reason			
	No		NCD Entitlement(%)	50			Private Hire		Yes	
Accident Details										
port Date	02/12/2019 10:24		Accident Report Within 24 hrs	Yes			Accident Type		Control	100.000.000.000
te of Accident	29/11/2019		Time of Accident hhimm	14:00						on - Head to Rear
porting Centre				47.00			Country of Acoid	ent	Singap	oore
Scient Location	WHITE SALES AND THE SALES AND	***	Orange Force				ICM No.			
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n damage Excess		2,000.00	Additional Excess	0			Windscreen Exce	nes:	100.00	13
named Oriver Excess		0.00	Outside Singapore OD Excess		2,000.00					
rd Party Excess		1,500.00	Outside Singapore TP Excess		1,500.00					
Benefits			1171-1171 P. 10 #0#510-5 ALCOHOLO		21200.00					
GST Registered Inform	ation									
Registered										
Registration No.	No			G	ST Registration Date					
				G	ST Status Verified		Yes			
fication History										
Policyholder Mailing Ar	ddress									
ress 1	BLK 258C ±09-579		Address 2	COMPASS	VALE ROAD		Address 3		200	Service Services
ress 4			Address Type	Singapore						PORE 543258
No.	09-579		100				Post Code		54325	8.
OI Driver Info	200,000		Related Policy Number	5106467	177-01					
er Name										
	KOH AIK SING		Driver Type	Main Drivi	er					
amed driver Name			Onver NRIC	\$169851	5E		Driver DDS		24/01/	1965
ster Date of Driver License	07/06/1983		Driver Age	54			Driving Experience	e:	36	
ract No.(Mobile)	97660933		Contact No.(Office)	0			Contact No.(Hom			
ess i	BLK 258C		Address 2		UALE DOAD			4,5		
955 4					VALE ROAD		Address 3		SINGAL	PORE 543258
			Address Type	Singapore	address		Post Code		543258	F.
	09-579									
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es he own a Singagore			Oriver vehicle No.  Any injury?	® Yes ○	No		Driver Insurer Co.	mpany		
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Attachment	Uploaded By/Date		Category	2	Urgency	(19	Pescription	(00)	