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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.
- 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 aforesaid.

aforesaid.	ACCIDENT OF A TEMPORAL PROPERTY OF A SECOND PROPERT
。 1985年(1985年)(1985年)(1985年)(1985年) 1986年(1985年)	ACCIDENT STATEMENT
Date Of Report	17/12/2019 15:48
Date Of Accident	17/12/2019 12:50
Exact Location Of Accident	BLK 53A STRATHMORE AVE GANTRY
Country/State of Loss	SINGAPORE
December 1991	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV3248J
Insured/Policyholder	
Name Of Registered Owner	OU-YANG GUANG RONG BENJAMIN
NRIC No	S9037888J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96604563
Alternative Phone No	OFFICE-96604563
Vehicle Particulars	
Manufacturer	тоуота
Model	WISH 1.8 A
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	5111108550
Cover Note Number	
Driver	
Name of Driver	OU-YANG GUANG RONG, BENJAMIN
NRIC No	S9037888J
Date Of Birth	10/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	21/09/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96604563
Fax Number	
Contact Number	OFFICE-96604563
	00 (0.20 (0.00)

NOEMAIL

Address

BLK 51 STRATHMORE AVENUE

#02-195

Postcode

140051

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

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

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)

5

Passenger 1

NAME:

...

88.3

GENDER:

: FEMALE

Passenger 2

NAME:

. .

GENDER:

: FEMALE

Passenger 3

NAME:

. .

GENDER:

: FEMALE

Passenger 4

NAME:

1-

GENDER:

: FEMALE

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, MY VEHICLE WAS STATIONARY WAITING BEHIND OF VEHICLE B TO EXIT THE GANTRY. SUDDENLY VEHICLE B REVERSED AND HIT ONTO MY STATIONARY VEHICLE FRONT 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

GBG97K

Vehicle Make/Model/Colour

Page 2 of 25

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

98955888

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

hefer to	statement.		
			8

DECLARATION

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

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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Notice of Loss	Poscy No.		L			Date of Ac	cident.	17/12	2/2019 12:50			
		Vehicle No.	(Far Motor)	SGV32483			Certificate					
							Search					
		Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRSC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
			5111108550		OU-YANG GUANG RONG BENJAMIN	S9037888J	GPC	drive CLASSIC	SGV3248)	5GV3248)	12/07/2019	11/07/2020
						1	Continue					

Policy Information

Sequence	Date of Endorsement 22/10/2019 00:00	Endorsement Ty Basic Information Endorsement	Endorsement Take Effe		update Memo - COA
P Endorsements	Maria de Maria de Cara	Endorsement Ty	Tax Ex	lorsement Status	Endorpement Content
♪ Insured Object: SGV3	248)				
init No.		Related Policy Number	5111108550		
voldness 4	SINGAPORE 140051	Address Type	Singapore address	Post Code	140051
Address 1	BLK 51 #02-195	Address 2	STRATHMORE AVENUE	Address 3	FORFAR HEIGHTS
Policyholder Mailing A	ddress				
Certificate Info					
Open Policy Info	70				
gent o-insurance Flag	AUTOSHIELD PTE. LTD.	Agent Tel.	63850777	GST Mag	10
Autoide Singapore OD Excess	2000	Outside Singapore TP Excess	1500		Young/Inexperience Driver Excess
dditional Excess	D	OS Premium	0		
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scess Type	Per Accident	All Claims Excess	No. 10	A Participant of the Control of the	
alicy issue Date	11/07/2019	Effective Date	12/07/2019 00:00	Expiry Date	11/07/2020 23:59
rodug Name	PRIVATE CAR INSURANCE	Plan	121211111111111111111111111111111111111	Control of the contro	N.
odress e	DLK \$1 #02-195 STRATHMORE AVENUE F			Group Policy Flag	
ertificate No.					
alicy Na.	5111100550	Policyholder Name	QU-YANG GUANG RONG BENJAY	Policyhalder NR3C	\$9037898J

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reduct Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading		0			
ontact No.(Mobile)	95604563	Contact No.(Office)	0		Contact No.(Ho	arrie)	0			
mail Address	5	Special Remark			eCode		No *	9		
FK		TCA	No Yes		eCode Reason					
ACD Protection	740	NCD Entitlement(%)	40		Private Hire		Yes			
Accident Details			0200				200	EL STRUKE	W2	
Report Date		Accident Report Within 24 hrs	Yes		Accident Type			iger whilst par	riced	
race of Accident		Time of Accident lift imm	12:50		Country of Acc 3CM No.	opent:	Singa	pore		
Reporting Centre		Orange Force			SUPPRIOR					
Accident Location	BLX S3A STRATHMORE AVE GANTRY									
Total Excess Applicable	2555000									
xcess Type	Per Accident	Windscreen Excess		150.00						
00 Standard Excess	2,000.00	TP Standard Excess		1,500.00						
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additional Excess	Ø.	Anna Carlotte								
Tatal CO Excess Applicable	2000.00	Total TP Excess Applicable		1,500.00						
▽ Benefits										
▽ GST Registered Information	en									
ST Registered	No.		GST Registr							
ST Registration No.			GST Status	Verified	Yes					
fodification History										
Policyholder Hailing Addr		State Control		MT	2000000					
Address 1		Address 2	STRATHMORE INVEN	VE.	Address 3			AR HEIGHTS		
Address 4		Address Type	Singapore address		Post Code		1400	51.0		
Unit No.		Related Policy Number	5111100550							
Of Oriver Info	QU-YANG GUANG RONG BENJAMIN	Driver Type	Main Driver							
Driver Name. Unnamed driver Name		Driver NRIC	590378883		Driver DOB		10/6	0/1990		
Register Date of Driver License		Driver Age	29		Driving Experi	ience		States.		
Contact No.(Noble)		Contact No.(Office)	0		Contact No.(H		0			
Address 1		Address 2	STRATHMORE AVEN	NE	Address 3		FORE	FAR HEIGHTS		
Address 4		Address Type	Singapore address		Post Code		1400	151		
Unit No.	62-195									
2000000	Yes - No	Driver Vehicle No.			Driver Insurer	Company				
Does he own a Singapore Registered car?	163 - 100	Direct vertice out								
Does he own a Singapore Registered car?		Derret serios no.								
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Declaration breathabyser or Blood Test, Reading? Modification History Claim 001 New Claim Type * Contact No. (Mobile)			Yes + No	95604563	Ceritact No. (Hame)	8115957	ING ROWG BEN	Contact No. (Office)		
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