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### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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.

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.

foresaid.	ACCIDENT STATEMENT
A SOLD AND A SOLD OF THE SOLD	21/12/2019 11:43
Date Of Report Date Of Accident	20/12/2019 13:45
Exact Location Of Accident	SIMS WAY TWDS PIE
Country/State of Loss	SINGAPORE
Dountry/State of Loss	ETAILS OF OWN VEHICLE
	SME8519M
Vehicle Registration Number	
Insured/Policyholder	REFINED MANPOWER PTE. LTD.
Name Of Registered Owner	
Co Reg No	2XXXXX108D
Email Address	NOEMAIL
Mobile Phone No	0.75105.00405050
Alternative Phone No	OFFICE-96185858
Vehicle Particulars	
Manufacturer	HONDA
Model	CRV
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 CAR
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5112752650
Cover Note Number	
Driver	
Name of Driver	SONG ZIMING
NRIC No	SXXXX244H
Date Of Birth	09/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2010
Driving Experience	9 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96185858
Fax Number	
Contact Number	
Contact Humber	COMPANIE .

NOEMAIL

Address

BLK 503 CHOA CHU KANG ST 51 #12-159

Postcode

680503

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - MANAGER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

CHAIN COLLISION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident?

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)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

**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

NO

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SKT6075J

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)

Page 2 of 15

## DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SLC9849B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### 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.
- 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)
  - (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.
- (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, 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

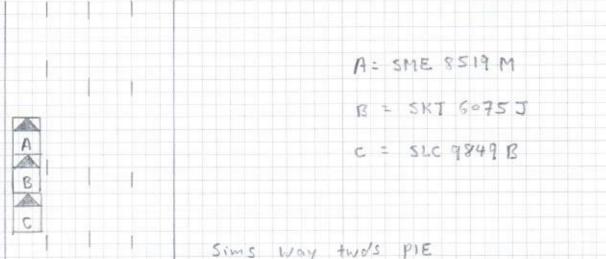
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETC	



Refer	<b>t</b> o	Statement	
		)	

#### DECLARATION

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

Policyholde Date & Time'017

Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name: NRIC/FIN No .:

I STOP AT THE TRAFFIC JUNC OF SIMS WAY TWDS PIE DUE TO RED LIGHT, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B HIT ONTO MY VEH REAR PORTION. TOTAL 3 VEH INVOLVED IN THE ACCIDENT. VEH B HIT BY ANOTHER VEH C AT BEHIND.

# ACCIDENT STATEMENT

	ACCIDENT DA	Sims	Way	PIE	YYY), TIME:(		
		3/4/3	way	116		-	www.chee
	<ol> <li>DETAILS</li> </ol>	OF VEHICLE		4			
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	<b>b)INSUR</b>	RANCE COMP	ANY:	INC			
	c)POLIC	CY NUMBER:	No and the spine of			<del></del>	
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	A)NAME:		ed Man	power	Ptc Ltd	MALE / F	ENAME
	b)NRIC/FI	IN/PASSPORT:			CONTA		8 2 8 2
	c)ADDRE	SS:				101	0 203
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(2)	D)NRIC/FIN	V/PASSPORT:_					85858
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						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112752650		REFINED MANPOWER PTE, LTD.	201635108D	GPC	drivo CLASSIC	SME8519M	SME8519M	19/10/2019	18/10/2020
				NUMBER OF THE OWNER.		Continue					

#### 12/21/2019 Claim Handling Accident MT/1076716 GST Registration No. Vehicle No. CMESSIGM. Policy No. 5112752650 Certificate No. 2016351080 Policyholder NRIC REFINED MANPOWER PTE. LTD. Policyholder Name 0 Cover Type drive CLASSIC PRIVATE CAR INSURANCE Product Code: Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 96185858 No \* Special Remark Email Address eCode Reason TCA No Yes KFK Private Hire NCD Entitlement(%) 10 NCD Protection Chain Collision Accident Type Accident Report Within 24 hrs. Ves. 21/12/2019 15:11 Report Date Country of Accident Singapore Date of Accident 20/12/2019 Time of Accident hh:mm 13:45 ICM No. Orange Force Reporting Centre SIMS WAY TWOS PIE Accident Location V. Total Excess Applicable 100.00 Windscreen Excess Excess Type 0.00 600,00 TP Standard Excess OD Standard Excess Covered Driver is Covered? 0.00 YIED TP Excess YIED OD Excess 0.00 Additional Excess Total TP Excess Applicable 0.00 Total OD Excess Applicable 600.00 → Benefits GST Registered Information GST Registration Date GST Registered GST Status Verified GST Registration No. 21/12/2019 15:13:20 System changed GST Status Ventiled from No to Yes Modification History → Policyholder Mailing Address SINGAPORE 658064 Address 2 #03-29 WCEGA PLAZA 1 BUKIT BATOK CRESCENT Address 1 658064 Singapore address Address Type Post Code Address 4 5112752650 Related Policy Number Unit No. Unnamed Driver Unnamed Driver Driver Type Driver Name Driver DOS 09/09/1975 Oriver NRJC 5XXXXX244H SONG ZIMING Unnamed driver Name Driving Experience Driver Age Register Date of Driver License 18/05/2010 Contact No.(Home) Contact No.(Office) 96185858 Contact No.(Mobile) SINGAPORE 680503 Address 3 CHOA CHU KANG STREET SI Address 2 Address 1 BLK 503 #12-159 Post Code 680503 Singapore address Address Type Address 4 Unit No. 19,159 Driver Insurer Company Does he own a Singapore Registered car? Driver Vehicle No. Yes + No Declaration Yes + No Breathalyser or Blood Test Reading? Any injury? 0 mg Modification History Claim 001 New Insured Name REFINED MANPOWER PTE, LTD. Insured 201635 OD-MX Claim Type \* Contact MIL 88380007 (Office) Contact No.(Mobile) TP Vehicle Number SKT60 SMEB519M Name of Preferred 0 SMERS19M / SKT6075J ON 20 Dec 2019 Claim Description Proferered \* Repair Preferred Workshop, Nar Option Preferred Workshop Boniet No. Finalisation Yes GIA Received Preferred Workshop, Name unknown Date Received 21/12/ 21/12/2019 15:18 Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment Claim No. MT/1076718 Accident No. 21/12/2019 15:18 Unload Date \* Yes No Last Doc, Received Confidential Urgency \* Desci Category \* \* NO \* Normal • Please Select Clear Choose File No file chosen Clear Please Select Choose File No file chosen • NO Normal Clear Please Select Choose File No file chosen \* NO \* Normal ٠ Clear Please Select Choose File No file chosen \* NO ▼ Normal ٠ Clear Please Select Choose File No file chosen \* NO ▼ Normal ٠ Please Select Clear Choose File No file chosen

Message Read v Attachment List

### Claim Handling(accident reporting Claim Task )

	Uploaded By/Date	Folder Date		File Name		9	Source	
∀ Video List								
	21 Dec 2	L ASSESSMENT CENTRE SERVICES) o 1019 15:18	Photos		Normal	Photos 2019		
1	21 Dec 2	L ASSESSMENT CENTRE SERVICES) o 019 15:18	Photos		Normal	Photos 201	9-12-21	
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