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Veh No: SICHTIGH	E-mail (within 8hrs, AI	' ?hre)	-		-
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01/10/19- 80:05		1110772	12-12/	17 MIG	M: 42
OD / TP Reporting Only	i-Motor W/O (within	OD 2hrs, TP 4hrs)			
TP Insurer:	Assessment/Survey R	·			
Preferred Wksp / INC Assign Wksp / QW; (Ass t Report by Fax7	Hand to Owner/Wksp			
	1c7 7	Tel:	Fa.	x :	
TP Particulars: Veh No:	K14516	INC () / Non-INC	().	-	
	Period: (Tel:			-
Confirmed by : () Cover Type: (
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Year of Registration: ()	[Note-Est. Status (WO):		P: 80-10	0%]	
Excess: (\$) Loading: \$1	Warranty: YES ()/N	0()			
General Remarks:	SURVEY TO A STATE OF THE PARTY OF THE OWNER OF THE STATE	2.N 9288 3899897 , 637 1	TARREST YES		
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Drive-In ()/ Towed-In (); Invoi	ice: YES () / NO (); Towing Co: (1)
Remarks: (INC hotline: 6788 6616)	Notes and the second	Date&Time Co		Done	NE:
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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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	27/12/2019 19:27
Date Of Accident	27/12/2019 00:05
Exact Location Of Accident	HIGH PARK RESIDENCES CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH7196A
Insured/Policyholder	
Name Of Registered Owner	TAI YOON FOONG
NRIC No	SXXXX453Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81818927
Alternative Phone No	OFFICE-81818927
Vehicle Particulars	
Manufacturer	BMW
Model	118I AT ABS D/AIRBAG 2WD HID 5DR
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	5113231543
Cover Note Number	
Driver	
Name of Driver	VANN TAI YONG JIE
NRIC No	SXXXX869B

 NRIC No
 SXXXX869B

 Date Of Birth
 27/09/1994

 Occupation
 INDOOR

 Date Of Driving Pass
 19/04/2016

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97212829

Fax Number

Contact Number OFFICE-97212829

EMail Address NOEMAIL

BLK 42 BEDOK SOUTH ROAD Address

#12-747

460042 Postcode

Was driver an employee of the Insured's Company NO

CHILDREN If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - MAJOR/MINOR RD Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

YES Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

3

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: NG NICHOLAS

: MALE

Passenger 2

NAME:

: WONG JING JIE

GENDER:

GENDER:

: FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes. Please state which Police Station

Was notice of intended Prosecution given?

NO

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

SMK7431G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category HENG TZE YUEN Name of Driver

NRIC/Passport Number

SXXXX564C

Contact Number

Address

Postcode

Page 2 of 18

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

VANN TAI YONG JIE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKH7196A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Name

Postcode

DETAILS OF INJURED PERSON 2

Approximate Age

NG NICHOLAS

Injuries Sustain

NECK & BACK

SKH7196A

Were seat belts worn?

Injured person in which vehicle?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name

WONG JING JIE

Approximate Age

Injuries Sustain

NECK & BACK

Injured person in which vehicle?

SKH7196A

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report carrectly the details of the accident to speed up the claims process.
- Z. 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 their surance 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)

l 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, involces, 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:
 - (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

Strate Articles per vit

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

(If driver is not the policyholder)

Date & Time:

Safer Committee of the

Name:

NRIC/FIN No.:

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.

Accident details

Date and time of accident	Date: 27 000	2018	(DD/MM	/YY) Time: 0006	(HH:MM)
Exact location of accident				Londences.	

Details of vehicle

Vehicle registration number	SEH 7186A
Vehicle make and model	BMW 1185
Type of vehicle	Saloon MPV CRV Van C Lorry Bus Motorcycle Others:
Vehicle category	Private Commercial Motorcycle
Purpose of using at said time	presente
Are you claiming under your own insurance company?	Yes □ No Ø if no, please select: Third part claim □ Reporting only □

Insurance information

Insurance company	MTHE	The state of the s	
Policy number			
Type of policy	Comprehensive	Third party fire & theft	TP only

Insured / Policy holder

Name	Tas Your Food	Male Female
NRIC / Fin / Passport number	826874537	Water
Contact	8181 8827.	
Address		

Driver

Same as insured above □ (skip to D.O.B)

Name	Vann Tot Your Tie	Malee Female D
NRIC / Fin / Passport number	894348688	Tridice Terridic D
Contact	8721 2828	
Address	Block 42 Baclok South Road #13-747 SEMPAPORE 460042	
Email address	July styles weeks	
Date of birth	JF ROJ 1894	
Occupation	Indoor D Outdoor D	
Driving date pass	18 Apr 2016	

General information of the accident

Was driver an employee of the insured's company?	Yes D No No If no, relationship of the driver and insured: Foller & Son .
Accident captured by camera?	Yes D No.2
Weather condition	Clear Raining Others:
Road surface	Dry D Wet a
No of passenger	2
	(Inclusive of driver)

Passenger 1

Name			
Gender	Male	Female 🗆	

Passenger 2

Name			
Gender	Male 🗆	Female C	

Passenger 3

Name			
Gender	Male 🗆	Female	

Passenger 4

Name			7
Gender	Male 🗆	Female	

Passenger 5

Name			
Gender	Male 🗆	Female	

Passenger 6

Male 🗆	Female
	Male 🗆

Other information

Was anybody injured?	Yes	No 🗆	
Was other vehicle damaged?	Yes	No□	

Details of police action

Reported to police?	Yes No If yes, please state which police station.
Police station name	in yes, please state which police station.

Third party vehicle 1

Name	Here Tee Yven
Contact number	The four
NRIC / Fin / Passport number	877265646
Vehicle registration number	SMK 74316
Vehicle make model	. 715/6/

Third party vehicle 2

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 3

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 4

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 5

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Third party vehicle 6

Name	
Contact number	
NRIC / Fin / Passport number	
Vehicle registration number	
Vehicle make model	

Witness 1 Name Witness 2 Name Injured person 1 Name Injuries sustained Which vehicle person in? SEH 7196A Were seat belts worn? Yese No a Was injured conveyed to Yes 🗆 Nop hospital by ambulance? Injured person 2 9616 3144 Name PSY707215I) Injuries sustained Which vehicle person in? 8KH7186A Were seat belts worn? Yes a No o Was injured conveyed to Yes a Noe hospital by ambulance? Injured person 3 Name Micholas Injuries sustained 1 back Which vehicle person in? Were seat belts worn? Yes No a Was injured conveyed to Yes 🗆 NOB hospital by ambulance? Injured person 4 Name Injuries sustained Which vehicle person in? Were seat belts worn? Yes 🗆 No a

Was injured conveyed to

hospital by ambulance?

Yes 🗆

No a

eBaoTech										Gener	alClaim
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My Desktop	Poli	cy Query									
Notice of Loss Palicy No. Vehicle No.(For Motor)	io.				Date	of Accident		27/12/2019 (00:05		
	No.(For Motor)	SKH7196A			Certificate Number		g j				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5113231543		TAI YOON FOONG	S2687453Z	GPC	drivo CLASSIC	SKH71964	SKH7196A	09/10/2019	08/10/2020
						Continue	1				

sements						
ed Object: SKH7196A						
12-747			5113231543			
SINGAPORE 460042			Singapore address		Post Code	460042
BLK 42 #12-747	Addre	ss 2	BEDOK SOUTH RO	AD	Address 3	BEDOK SOUTH PARKVIEW
holder Mailing Address						
No						
DICKSON INSURANCE AGENCY	Agent Tel.	63447667		GST Flag	Υ	
600	Singapore TP Excess	0				/Inexperience Driver Excess
0	Premium	0				
0	damage Excess	600		Windscreen Excess	100	
Per Accident	Excess		**			
09/10/2019	Date	09/10/201	9 00:00	Expiry Date	08/10/2020 2	3:59
PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
BLK 42 #12-747 BEDOK SOUTH	ROAD BEDOK	SOUTH PAR	RKVIEW SINGAPORE	460042		
5113231543	Policyholder Name	TAI YOON	FOONG	Policyholder NRIC	S2687453Z	
	BLK 42 #12-747 BEDOK SOUTH PRIVATE CAR INSURANCE 09/10/2019 Per Accident 0 0 600 DICKSON INSURANCE AGENCY No holder Mailing Address BLK 42 #12-747 SINGAPORE 460042 12-747 d Object: SKH7196A	BLK 42 #12-747 BEDOK SOUTH ROAD BEDOK PRIVATE CAR INSURANCE Plan 09/10/2019 Effective Date All Claims Excess Own damage Excess OS Premium Outside Singapore TP Excess DICKSON INSURANCE AGENCY Agent Tel. No holder Mailing Address BLK 42 #12-747 Addre SINGAPORE 460042 Addre 12-747 Relate Numb	## BLK 42 #12-747 BEDOK SOUTH ROAD BEDOK SOUTH PART PRIVATE CAR INSURANCE	### BLK 42 #12-747 BEDOK SOUTH ROAD BEDOK SOUTH PARKVIEW SINGAPORE PRIVATE CAR INSURANCE Plan 09/10/2019 Effective 09/10/2019 00:00 Per Accident Excess Own damage 600 Excess O S Premium 0 Outside Singapore TP Excess DICKSON INSURANCE AGENCY Agent Tel. 63447667 No **No **	ST ST ST ST ST ST ST ST	STEEL STEE

State Sta	Claim Handling										
Marchander Service Marchander Service Marchander Service Marchander Color	Accident MT/1077505										
Management Man	Policy No.	5113231543	Vehicle No.		SKH71964			GST Registration No.			
MINIATE OR MINIAMENOR Source Sour											
Command Notices Command No			E0052000			1225					
Section Sect						isic					
Part		81818927			01						
March Marc		@ t. O				225			1	W. Y.	
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Comment Comm								Accident Type		Collision - Major Minor Road	
Pate		27/12/2019		i.mm	00:05				9	lingapore	
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## STANDARD C # S	Policyholder Hailing Ad										
22-FeF Seriend Priory Number 51,122,1543	idoress 1	BLK 42 #12-747	Address 2		BEDOK SO	UTH ROAD		Address 3	8	JEDOK SOUTH PARKVIE	EW:
### DOLLARS STATES United Driver Table United Driver Table United Driver Driver Type United Driver Driver Dolla 27/08/1994	Address 4	SINGAPORE 460042	Address Type		Singapore	address		Post Code	9	460042	
Direct Type	ITIE NO.	12-747	Related Policy Numb	per	51132315	13					
### Preferred Workshop Mark Tay 100-00 18	OI Driver Info										
### Date of Ones License 18/04/2018	ovver Name										
Prince No. (Modine)						В		Driver DOB	2	7/09/1994	
## Approximate 3	egister Date of Driver License	19/04/2016	Driver Age		25			Driving Experience	3	l l	
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