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TP Particulars: Veh No: S	MH 936.81. INC)/Non-INC()	
Owner / Driver: (Tcl:	
Palicy No: () Perio	d: ()	Cover Type: (
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [No	te-Est. Status (WO): N: 0-2	20%; P: 21-79%. P: 30-	[00%]
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1) Apply for Transport Allowance ()/ Con	rrtesy Car ()		
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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 <u>truthful and accurate</u> 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.	28 51 IK 21K 3M25
personal property and the second	ACCIDENT STATEMENT
Date Of Report	02/01/2020 13:22
Date Of Accident	02/01/2020 10:30
Exact Location Of Accident	JUNC OF EUNOS LINK & AIRPORT RD
Country/State of Loss	SINGAPORE
Shows that a process who say the con-	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW6632Y
Insured/Policyholder	
Name Of Registered Owner	SIM KEOW LIAN
NRIC No	SXXXX318F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90025134
Alternative Phone No	OFFICE-90025134
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
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	5097467881-01
Cover Note Number	
Driver	
Name of Driver	ZHU XI
NRIC No	GXXXX876P
Date Of Birth	14/09/1986
Occupation	INDOOR
Date Of Driving Pass	15/05/2019
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-81984323
Fax Number	
Contact Number	

NOEMAIL

Address 74 SELETAR GREEN WALK

Postcode 805278

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

2

NO

NO

NO

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

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.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING ALONG EUNOS LINK WHILE APPROACHING JUNC WITH AIRPORT RD, THE LIGHT TURN TO EMBER LIGHT, I SLOW DOWN MY VEH AND COME TO STOP. ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND, AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

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 SMH9368J

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)

SKETCH PLAN

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.
- 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: 02/01/2020

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

SKETCH PLAN	Hongan	g Ave :							
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						(3 =	SMH	1368
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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: 02/01/2020

2

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GRARMIC Meson Floriforms, V.I.

Policy Search

eBao Tech										Genera	alClaim
Hello, NAC_PAYA_UBI_80	0601						• Chang	e Languag	e • Chan	ge Password	• Log Out
My Desktop	Poli	cy Query									19
Notice of Loss	Policy N	No.				Date	of Accident		02/01/2020	13:18	
	Vehicle	No.(For Motor)	SJW66	32Y		Cert	ificate Numbe	er			
						Search	8				
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
		5097467881- 01		SIM KEOW LIAN	S0074318F	GPC	drivo CLASSIC	SJW6632Y	SJW6632Y	07/04/2019	06/04/2020
						Continue	1				

Claim Handling

Policy No.									
White White Committee Comm	5097467881-01	Vehicle No.	5JW6632Y		GST Regi	stration No.			
Certificate No.									
Policyholder Name	SIM KEOW LIAN				Palicyhok	der NRIC	500	74318F	
Product Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC		Loading		0		
Contact No.(Mobile)	90625134	Contact No.(Office)			Contact N	(a.(Home)	100	207	
Email Address		Special Remark			eCode		No	•	
KFK	= No Yes	TCA	+ No Yes		eCode Re				
NCD Protection	Yes	NCD Entitlement(%)	50		Private H	ire	No		
Report Date	02/01/2020 13:57	Accident Report Within 24 hrs	Yes		Accident.	Туре	Coll	sion - Head to	Rear
Date of Accident	02/01/2020	Time of Accident thomas	10:30		Country o	of Accident	Sing	apore	
Reporting Centre		Orange Force			ICM No.				
Accident Location	JUNC OF EUROS LINK & AIRPORT RD								
▼ Total Excess Applicable									
Excess Type	Per Accident	Windscreen Excess		100.00					
OD Standard Excess	600.00	TP Standard Excess		0.00					
TED OD Excess	2500.00	YIED TP Excess		0.00	Driver is	Covered?	Cove	ered	
Additional Excess	c c								
fotal OD Excess Applicable	3100.00	Total TP Excess Applicable		0.00					
▼ Benefits									
GST Registered Information	tion								
ST Registered	f4o		50.00.00.00	tration Date					
SST Registration No.			GST Status	s Verified		Yes			
Modification History									
Policyholder Mailing Add	dress								
Address 1	74 SELETAR GREEN WALK	Address 2	SINGAPORE 80527		Address 3				
Address 4		Address Type	Singapore address		Post Code		805	778	
Unit No.		Related Policy Number	5095897345-02				600	.,.	
▽ OI Driver Info		newice roney Hamber	3033031313124						
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver						
Unnamed driver Name	ZHU XI	Driver NRJC	GXXXX876P		Driver DO	10	144	071006	
Register Date of Driver License								9/1986	
Contact No.(Mobile)	15/05/2019 81984323	Driver Age	33		Driving E		0		
Address 1	74 SELETAR GREEN WALK	Contact No.(Office) Address 2			Contact N				
Address 4	74 SELETAR GREEN WALK		# LLOYUS HILLS		Address 3			SAPORE 80527	78
		Address Type	Singapore address		Post Code	2	805	78	
Unit No. Does he own a Singapore									
Registered car?	Yes = No	Driver Vehicle No.			Driver Ins	surer-Company			
Declaration									
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes - No						
to difference blacks									
fodification History									
fodfication History Claim 001 New									
Claim 001 New				DD-MX	■ Insured	SIM KEOW LIAN		lesured	50074
Claim 001 New				ор-мх	Insured Name	SIM KEOW LIAN		NRIC	50074
Claim 001 New				OD-MX 50025134	Contact No.	SIM KEOW LIAN 90025134		Ontact No.	50074
Claim 001 New Claim Type * Contact No.(Mobile)				90025134	Contact No. (Home)	90025134		Contact No. (Office)	
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Claim 001 New Claim Type * Contact No. (Mobile) Imail Address Claim Description Veferred Vorkshop Downwert No. Ves Insitiation Print AK letter Attachment Print AK letter Attachment Choose File No file chosen	▼ Repair Option Option Preferred Workshop, ##7/1078133 F Yes □ No	Name unknown v report Received	Save Submit 0 0 Clear Clear	90025134 [meawhui@yahos.com 63W6632V / SMH036B3 ON 02/01/2020 14:00 LIEW SHAN HU1 101 12/01/2020 14:01 Category * Please Select Please Select	Contact No. (Home) OI Vehicle Number I 3 Jan 2020 Claim Close Date Con No.	90025134 SJW6632Y fidential Dr. Norm N	al T	NRIC Contact No. (Office) TP Vehicle Number Name Vehicle Workshop	EMH9:
Claim 001 New Claim Type * Contact No.(Mobile) Claim Description Preferred Norkshop Debates No. Ves Jack Registered Report Taken By ** Print AK letter Attachment	▼ Repair Option Option Preferred Workshop, ##7/1078133 F Yes □ No	Name unknown v report Received	Save Submit 0 0 0 0 0 0 0 0 0	90025134 Imeawhui@yahos.com 63W6632V / SMH036B3 OA 02/01/2020 14:00 LIEW SHAN HUI 101 12/01/2020 14:01 Category * Please Select Please Select Please Select Please Select Please Select	Contact No. (Home) OI Vehicle Number (2 Jan 2020 Claim Close Date Vehicle Number (3 Jan 2020 Claim Number (1 Jan 2020 Claim Number	# Norm	al T	NRIC Contact No. (Office) TP Vehicle Number Name Vehicle Workshop	EMH9:
Claim 001 New Claim Type * Contact No. (Mobile) Claim Description Preferred Norkshop Description Descriptio	▼ Repair Option Option Preferred Workshop, ##7/1078133 F Yes □ No	Name unknown v report Received	Save Submit 0 0 0 0 0 0 0 0 0	90025134 Imeawhui@yahos.com 63W6632V / SMH036B3 OA 02/01/2020 14:00 LIEW SHAN HUI 101 12/01/2020 14:01 Category * Please Select Please Select Please Select	Contact No. (Home) OI Vehicle Number I 3 Jan 2020 Claim Close Date Vehicle Number I 3 Jan 2020 Claim Number I 3 Jan 2020 Vehicle Number I 3 Jan 2020 Vehicle Number I 3 Jan 2020 Vehicle Number I No. Vehicle Number	#idential Uv Norm N	al T	NRIC Contact No. (Office) TP Vehicle Number Name Vehicle Workshop	SMH93

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date		File Name		Source	
3	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:00	Photos		Normal	Photos 2020-1-2	
3	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020-14:00	Photos		Normali	Photos 2020-1-2	
B	NAC_PAYA_UBI_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:00	Photos		Normal	Photos 2020-1-2	
1	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:00	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UBI_800601[NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:00	Photos		Normal	Photos 2020-1-2	
T.	NAC_PAYA_UB1_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) e 02 Jan 2020 14:00	Photos		Normal	Photos 2020-1-2	
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:01	Photos		Normal	Photos 2020-1-2	
A STATE	NAC_PAYA_UB1_800601{	NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:01	Photos		Normal	Photos 2020-1-2	
2.0	NAC_PAYA_US1_800603(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:01	Photos		Normal	Photos 2020-1-2	
193	NAC_PAYA_UBI_R00601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:01	SAS		Normal	SAS 2020-1-2	
ACT AC	NAC_PAYA_U61_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 02 Jan 2020 14:01	NRIC/ Driving License	¥.	Normal	NRIC/ Driving License 2020-1-2	
Attachment		Uplicaded By/Date	Category	9	Urgency	Description	

Display in New Window Scan and uploading