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OD (TP): Reporting Only	i-Photo Uploaded			
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TP Insurer:	Ass't Report by Fax / Hand to	0		
Preferred Wksp / INC Assign Wksp / QW: (Table to Part of Part Halle to			-
TP Particulars: Veh No: SUDO	ingle INC(ax:	
Owner / Driver: (ive in inter)/Non-INC().		
Policy No: () Per	riod: (Cover Type: (-
Confirmed by : (Date:	Time:		
Insured/Driver Liability: (%)	Note-Est. Status (WO): N: 0-20	14.77476777	7	-
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() Walk-In Customer: Customer's inform	mation strictly Confidential & Stric	tly NO refer of repairer.	None Committee	-300
() Total Loss Case : to e-mail Insurer	URGENTLY.	-	20	
Drive-In ()/ Towed-In (); Invoice:		ring Co. (
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driving Experience

Mobile Number Fax Number

Contact Number

EMail Address

Gender

- 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.

SAND CONTRACTOR OF THE SAND CONTRACTOR	ACCIDENT STATEMENT
Date Of Report	18/01/2020 15:03
Date Of Accident	17/01/2020 19:40
Exact Location Of Accident	BUKIT PANJANG RING RD
Country/State of Loss	SINGAPORE
de la	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLD1289P
Insured/Policyholder	
Name Of Registered Owner	SWIFT-AIRE ENGINEERING SERVICES
Co Reg No	5XXXX534W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83318007
Alternative Phone No	OFFICE-83318007
Vehicle Particulars	
Manufacturer	NISSAN
Model	TEANA 2.0 XL CVT
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5080456734-03
Cover Note Number	
Driver	
Name of Driver	TAN GEOK SENG
NRIC No	SXXXX903B
Date Of Birth	29/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	26/07/1989

30 YEARS AND 5 MONTHS

(LOCAL) +65-83318007

OFFICE-83318007

MALE

NOEMAIL

142E LORONG J TELOK KURAU Address

Postcode 425972

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 CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 3

Number of Passengers (Including Driver)

Passenger 1

NAME:

GENDER:

: MALE

Passenger 2

NAME:

3 H

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

ON STATED DATE AND TIME, MY VEHICLE WAS STATIONARY STOPPED ALONG THE STATED VENUE AS TRAFFIC JUNCTION WAS RED. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HIT ONTO MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SLD9229K Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

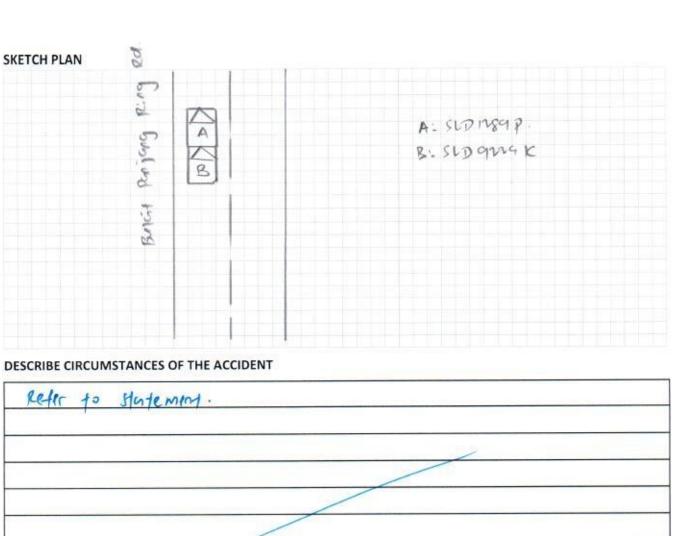
Driver's Signature

Date & Time:

Driver's Signature

Name:

NRIC/FIN No.:



DECLARATION			

SWINWE declare the the base of the SERVICE gue 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.:

eBaoTech								No.		Genera	IClaim
Hello, NAC_PAYA_UBI_80	0601				-	Own Street	• Change L	anguage	+ Change	Password	+ Log Out
My Desktop	Polic	cy Query									(9)
Notice of Loss	otice of Loss Policy No.					Date	of Accident	17/	01/2020 19	:40	
	Vehicle	No.(For Motor)	SLD128	19P		Certifi	icate Number				
					8	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5080456734- 03		SWIFT-AIRE ENGINEERING SERVICES	52831534W	GCV	Comprehensive	SLD1289P	SLD1289P	16/05/2019	15/05/2020
					0	Continue					

Policy No.	5080456734-03	Policyholde Name	SWIFT-AIR	E ENGINEERING SER	Policyholder NRIC	52831534W	
Certificate							
ddress	142E LORONG J TELOK KURAU S	INGAPORE	425972				
roduct lame	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
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xcess ype	Per Accident	All Claims Excess					
Third Party Excess	2000	Own damage Excess	2000		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young/Ir	nexperience Driver Excess
Agent	AON SINGAPORE PTE LTD	Agent Tel.	62397608		GST Flag	Υ	
Co- nsurance Tag	No						
Open Policy Info							
Certificate Info							
▽ Policyh	older Mailing Address						
ddress 1	142E LORONG J TELOK K	URAU Addi	ress 2	SINGAPORE 425972	2	Address 3	
Address 4		Add	ress Type	Singapore address		Post Code	425972
Unit No.		Rela Num	ted Policy	5080456734-03			
	d Object: SLD1289P						
) Insure							
▶ Insure ♥ Endors	ements						

Claim Handling					
ccident MT/1080767					
olicy No.	5080456734-03	Vehicle No.	SPD159ab	GST Registration No.	
ertificate No.					
okcyholder Name	SWIFT-AIRE ENGINEERING SERVICES			Policyholder NRIC	52831534W
oduct Code	COMMERCIAL VEHICLE PASURAL	Cover Type	Comprehensive	Loading	0
ritact No. (Mobile)	63318007	Contact No.(Office)	0	Contact No.(Home)	0
nail Address		Special Remark		eCode*	De. V
×	® No ○ Yes	TCA	® No ⊜Yes	eCode Reason	
ID Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details		NGO Emmentant ver	2	THE THE	100
sport Date	18/01/2020 15-19	Accident Report Within 24 hrs	Yes	Acodent Type	Collision - Head to Rear
to of Accident	17/01/2020	Time of Academ hh mm	19:40	Country of Academi	Singapore
porting Centre		Orange Force		ICM No.	
cident Location	BUKIT PANIANG RING RD				
Total Excess Applicable					
zess Type	Per Accident	Windscreen Excess	100.00		
Standard Excess	2,000.00	TP Standard Excess	2,000.00		
O DO Excess	0.00	VIED TP Excess		Driver is Covered?	
ditional Excess					
tal OD Excess Applicable	200.00	Total TP Excess Applicable			
Benefits					
GST Registered Informa	ation				
Registered Informa	No		GST Registration Date		
T Registration No.	100		GST Status Venfied	ves	
diffication History	18/01/2020 15 20:34 Syst	em changed GST Status Verified from		70,720	
	7,000	8			
Policyholder Mailing Ad	dress				
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	THE CONTROL STEEDS FOR THE PARTY.			Post Code	425972
idresa 4		Address Type	Singapore address	Post Cope	425872
IR NO.		Related Policy Number	5080456734-03		
OI Driver Info					
iver Name	Unnamed Onver	Driver Type	Unnamed Driver		
named driver Name	TAN GEOK SENG	Driver NR3C	SXXXX9G3B	Driver DOB	29/10/1966
igister Date of Driver License	26/07/1969	Driver Age	53	Driving Experience	30
intact No. (Mobile)	83318007	Contact No. (Office)	α	Contact No.(Home)	0
Miness 1	142 LORONG 3 TELDIK KURAU	Address 2	SINGAPORE 425972	Address 3	
dress 4		Address Type	Singapore address	Post Code	425972
nig No.		100	1000		
ses he own a Singapore	Comments.	Driver Vehicle No.		Driver Insurer Company	
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sading?	0 mg	Any injury?	☐ Yesi ® No		
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003[005985	-	2002224000	C	The same before	52831534W
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ntact No.(Mobile)	90028710	Contact No.(Home)		Contact No. (Office)	MIL
neli Address		Of Vehicle Number	SLD1269P	TP venicle Number	SLD92294
imant Type Claimant Type *	Please Select	Type of Benefit *	Please Select		
emant Name *	>>	Claimant NR3C *		377	
imere Address					
aim Description	SLD1289P / SLD9229K ON 17 Jan 2020			Name of Preferred Workshop	
eferred Workshop Contact		Insured Liability *	Not at fault		
: 	(Mar)			GIA report	Received
quire Finalisation	Yes V	Preferend Repair Option	Preferred Workshop, Name unknown		18/01/2020 00:00
te Registered	18/01/2020 15:21	Claim Close Date		Date Received	. STATE OF THE STA
port Taken By	Jackson				
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cident No.	MT/1080767	Claim No.	001		
et Doc, Received	● Yes ○ No	Upland Date	18/01/2020 15:22		
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