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Confirmed by : (Date:	Time:	7	-
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	21/01/2020 13:19
Date Of Accident	20/01/2020 17:45
Exact Location Of Accident	GEYLANG RD
Country/State of Loss	SINGAPORE
INCOME DE LA CONTRACTION DEL CONTRACTION DE LA C	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD3377P
Insured/Policyholder	
Name Of Registered Owner	CARWAY LEASING & RENTAL
Co Reg No	5XXXX813K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64770777
Vehicle Particulars	
Manufacturer	TOYOTA
Model	SIENTA
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5110752456
Cover Note Number	
Driver	
Name of Driver	MOKHTAR BIN SOONARI
NRIC No	SXXXX639B
Date Of Birth	05/02/1961
Occupation	OUTDOOR
Date Of Driving Pass	16/04/1981
Driving Experience	38 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87687644
Fax Number	
Contact Number	
	Secretary programmer

NOEMAIL

Address BLK 805 KING GEORGE'S AVE #12-182

Postcode 200805

Was driver an employee of the Insured's Company NC

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

2

2

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)

Passenger 1 NAME: : UNKNOWN

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?

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? YES

Remarks/ Reasons: WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver LIM LI HONG
NRIC/Passport Number SXXXX826Z

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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 Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

NRIC/FIN No.:

ETCH PLAN		
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ECLARATION We declare the foregoing particulars are tr	ue in every respect.	1 [
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(If driver is not the policyholder)

Date & Time:

Date & Time:

Name:

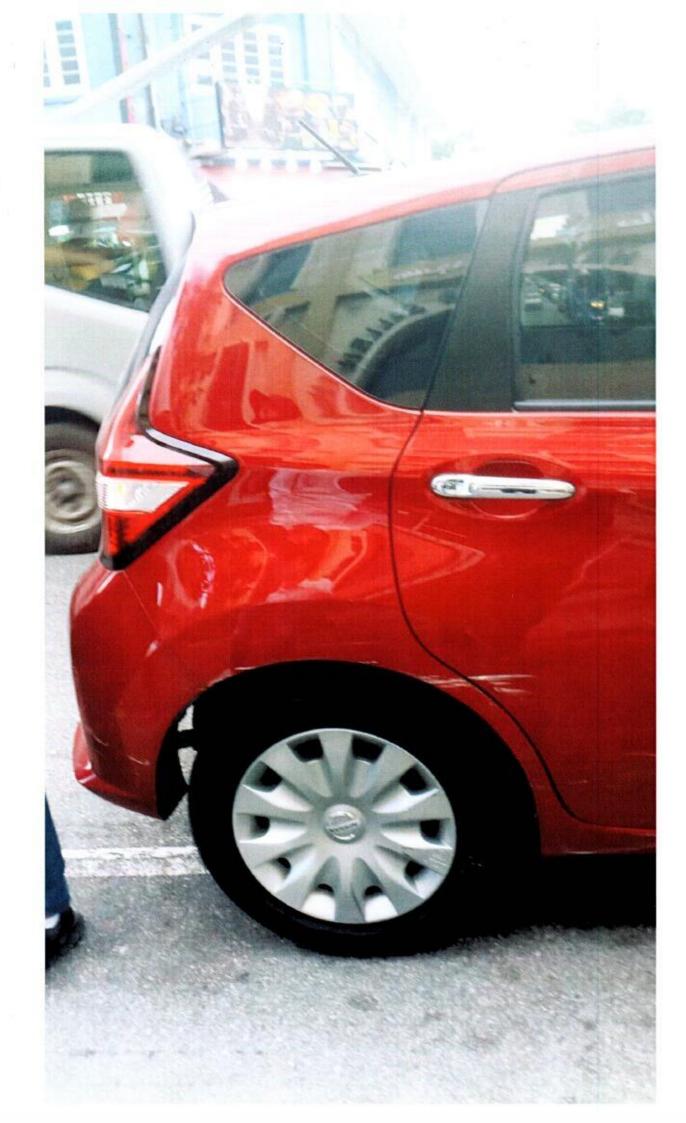
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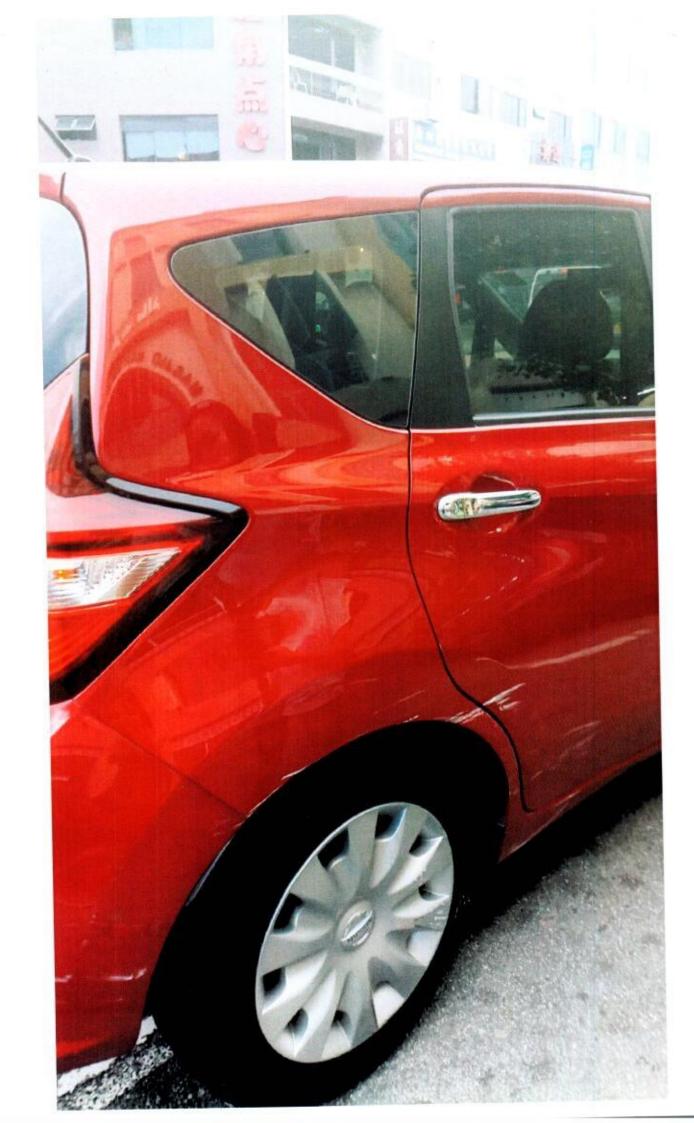
Accident Statement

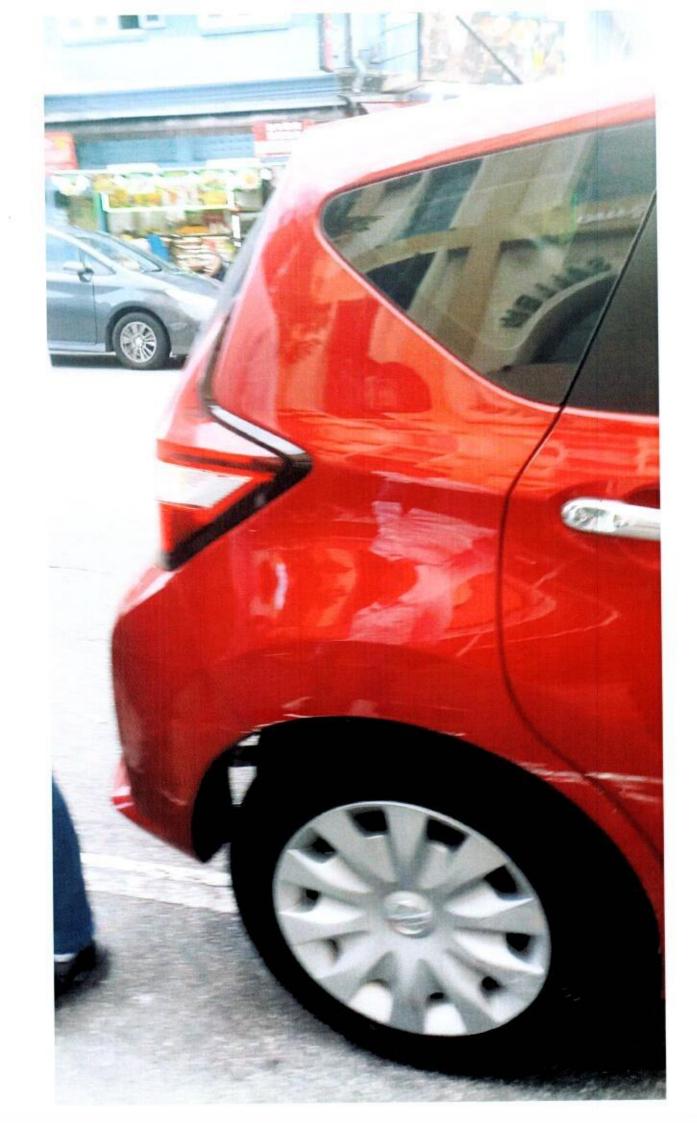
On 20th of Jan 2020, at around 1745hrs, I was travelling along Geylang Road with my vehicle (SGD3377P). The traffic was badly congested and slow. Suddenly a red vehicle from my left (vehicle no.- unknown) driven by a lady driver, cut into my lane. Her misjudgment had caused the rear of her vehicle hit onto the front left portion of my vehicle. We then alighted from our vehicle and exchanged for ID particulars (see attached). Unfortunately I have overlooked to note down third party's vehicle and contact details. I wish to highlight that my vehicle was stationary during the collision. I have scene photos clearly shown that half of the third party's vehicle is situated IN MY LANE and those "dragging scratches marks" on her car. I wish to make a claim against third party with our Insurer - NTUC assistance.

Name: Møkhtar Bin Soonari

NRIC: S1489639B







GeneralClaim eBaoTech · Change Password · Change Language Hello, NAC_PAYA_UBI_800601 My Desktop **Policy Query** 20/01/2020 13:14 Date of Accident Notice of Loss 5110752456 Policy No. Certificate Number SGD3377P Vehicle No.(For Motor) Search Commence Date Insured Object Vehicle No. Expiry Date Policyholder NRIC Certificate Number Policyholder Name Product Cover Type Policy No. Select CARWAY drivo CLASSIC SGD3377P SGD3377P 27/06/2019 26/06/2020 5110752456-LEASING & 53264813K GFM. 5110752456 000001 Continue

Claim Handling

dent MT/1081197	0.00000000	Vehicle No.	SGD3177P		GST Re	gistration No.				
ry No.	5110752456	Venicle 1407								
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cyholder Name	CARWAY LEASING & RENTAL	79425093E0550	drivo CLASSIC		Loading		0			
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tact No.(Mobile)	64770777	Contact No.(Office)			eCode			No *		
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Registered	No		GST Registr			1900				
Registration No.			GST Status	Verified		Yes				
ification History										
Policyholder Mailing Add	ress							Harrison C.		
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fress 1	33 000 870/002 2	Address Type	Singapore address		Post C	ode		408934		
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t No.	03-01									
OI Driver Info	- 10000124-00	Driver Type	Unnamed Driver							
ver Name	Linnamed Driver	Driver NRIC	SXXXX639B		Drive	r 008		05/02/196	51	
named driver Name	MORHTAR BIN SOONARI	Driver Age	58		Delvin	ng Experience		3B		
gister Date of Driver License	16/04/1981	Contact No.(Office)			Conta	ect No.(Home)				
ntact No.(Mobile)	87687644	Address 2	KING GEORGE'S AV	ENUE	Addre	ess 3		SINGAPOR	RE 200805	
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Claim Handling(accident reporting Claim Task)

21/2020	Claim Handling(accident reporting Claim Task)							
Attachment	Uploade	d By/Date	Category	9	Urgency	Description	E	149
-	NAC_PAYA_UBI_880801(NATIONAL 21 Jan 2	ASSESSMENT CENTRE SERVICES) o 320 14:40	NRIC/ Driving License	Y	Normal	NRJC/ Driving License	2020-1-21	
188.1 	NAC_PAYA_UBI_800601 NATIONAL 21 Jan 2	ASSESSMENT CENTRE SERVICES) o 020 14:40	NRJC/ Driving License	Y	Normal	NRTC/ Driving License 2020-1-21		
**		ASSESSMENT CENTRE SERVICES) o 020 14:39	NRIC/ Driving License	×	Normal	NRIC/ Driving License	2020-1-21	
60	NAC_PAYA_UBI_800601(NATIONAl 21 Jan 2	ASSESSMENT CENTRE SERVICES) o 020 14:39	SAS		Normal	SAS 2020-1-	21	
	N4C_PAYA_UBI_B00601(NATIONA 21 Jan 2	ASSESSMENT CENTRE SERVICES) o 020 14:39	Photos		Normal	Photos 2020-	1-21	
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→ Video List								
	Uploaded By/Date Folder Date File Name		9	Source				

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