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IT Particulars: Veh No: SMI	B 2768	INC ()/Non-INC()	
Owner / Driver: (2-000		Tel:)
	iod: ()	Cover Type: ()
Confirmed by : (Date:	Time:)
Insured/Driver Liability: (%) [N	lote-Est Status (W	(O): N: 0-20	%; P: 21-79%. I	: 80-100%]	
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SINGAPORE ACCIDENT STATEMENT

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 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.

- 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.	AND
《 地方 	ACCIDENT STATEMENT
Date Of Report	28/01/2020 21:19
Date Of Accident	26/01/2020 18:40
Exact Location Of Accident	ESSO TANJONG KATONG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SGD3550E
Insured/Policyholder	
Name Of Registered Owner	CHU SIEW LAI
NRIC No	SXXXX665E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98554351
Alternative Phone No	OFFICE-98554351
Vehicle Particulars	
Manufacturer	BMW
Model	3281
Exact Purpose for which vehicle was being used at time of accident	PERSONAL
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	5097326741
Cover Note Number	

Driver

POON WAI KONG Name of Driver SXXXX915D NRIC No 13/01/1989 Date Of Birth INDOOR Occupation 20/02/2010 Date Of Driving Pass 9 YEARS AND 11 MONTHS **Driving Experience** MALE Gender (LOCAL) +65-98554351 Mobile Number Fax Number Contact Number

NOEMAIL EMail Address

Address

60H TANJONG KATONG ROAD

Postcode

436954

RELATIVE

Was driver an employee of the Insured's Company NO

Vehicle Registration Number of Driver's Own

If No, Relationship of the Driver with the Insured

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

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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:

: FEMALE

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 ATTACHED

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY

Vehicle Registration Number

SMB226B

Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly 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 hability 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 few 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 as the centre and to copies of the report being made available aforesaid.
- 8 Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 on this accident shall be collectively referred to as the "Insurers"), the Insurers' (awyers/law firms, the Insurers' Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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.
 - (w) 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 seth applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- 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 (molading their lawyers/law (mos), 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 & Timer

(If driver a not the policyholder)

Date & Time

Reporting Centre Personnel's Signature Name

NRIC/FIN NO.

Sketch Plan #2

Along 184 Tanjong
Western Rd

A = SGO 3550 E B : SMB 226B

DESCRIBE CIRCUMSTANCES OF THE ACCID	EN	т

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DECLARATION

I/We declare the foreigning particulars are true in every respe

Policyholder's Signature Date & Time Driver's Signature

Date & Time: 7

Reporting Centre Personnel's Signature

Name.

NRIC/FIN NO.

ACCIDENT STATEMENT

ACCIDENT DATE: 100 01 2020 1(DD/MM/Y	YYY), TIME: (18:40) (HH:MM)
LOCATION: ESSO Tayong Katong B	(189 Tanjong Katang Rd S4769
1. DETAILS OF VEHICLE	0
GIVEHICLE NUMBER: SED 3550 E	
DINSURANCE COMPANY: NTVC	
CIPOLICY NUMBER: 509132614	
d)POLICY TYPE: (COMPREHENSIVE / THIRD	PARTY / THIRD PARTY FIRE & THEFT!
e)MAKE & MODEL: BMW 320	
F)TYPE:(SALOON / COUPE / MPV /V AN / LO	
g) VEHICLE CATEGORY: (PRIVATE / COMME	
h) PURPOSE OF USING AT ACCIDENT TIME:_	purchasing at petrol Klosk.
I) ARE YOU CLAIMING UNDER YOUR OWN IT	NSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM)	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]
2. INSURED / POLICY HOLDER	* access to the contract of th
AJNAME: Chu Signo Lai	(MALE / FEMALE)
bjnric/fin/passport: S2505665E	CONTACT: 98554351
CIADDRESS: 1 Butterworth lare #	12-03 5439444
K N 8 6 6 328	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
* CONTINUE TO 3.d IF DRIVER ALSO POLICY	HOLDER
The of passing DRIVER Population Van	
Della Charles de la Janame: 1000 000 Dong	(MALE / FEMALE)
Strate Links Application	CONTACT: 98554351
c) CIADDRESS: GOH TOMONG KATONG	14 5436154
1M / F *d)DATE OF BIRTH: (13/01/1989)	22 444 84044
	DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 9 xw.	2 Atrantle
4. WAS DRIVER AN EMPLOYEE OF THE INSI	
IF NO, RELATIONSHIP OF THE DRIVER W	
5. a) WEATHER CONDITION: (CLEAR / RAINING	
b)ROAD SURFACE: (DRY / WET / OTHERS	7.00.12.10
6. WAS ANYBODY INJURED (YES / NO)	
7. a) REPORTED TO POLICE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE STATION	ON::NC
8. THIRD PARTY VEHICLE	
His of passanger a) VEHICLE NUMBER: SMB226B	MODEL:
(Induding driver) b) DRIVER'S NAME: C) NRIC/FIN/PASSPORT:	
c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	
No of passenger e) DRIVER'S NAME:	MODEL:
(Induding driver) f) DRIVER'S NAME:	4 1 1000
f) NRIC/FIN/PASSPORT:	CONTACT:
	4

email = panweignang 1/@ gmail com.

fax =

VIDEO -

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 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 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:
 - (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 V (If driver is not the policyholder)

Date & Time:

28/1/2020

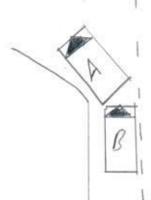
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

- SKETCH PLAN

Along 184 Tunjong Kentong Rd



A = SGO 3550 E B = SMB 226B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Best affice.							

DECLARATION

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:

28/1/2020

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

MT/RB/PNLOCL/002

28 Dec 2018 OVINY

CHU SIEW IAI 1 BUTTERWORTH LANE #12-03 DAWN VILLE SINGAPORE 439444

Dear Policyholder

RENEWAL NOTICE FOR PRIVATE CAR INSURANCE POLICY NUMBER: 5097326741

Thank you for giving us the opportunity to serve you.

We are pleased to offer you renewal of your policy based on the renewal details below. For your convenience, you can also pay and renew your policy online at www.income.com.sg.

If you have any queries, please call your agent or our hotline at 6788 6616. We would be most happy to assist you.

Yours sincerely

Peh Chee Keong Vice President & Head Motor Insurance

\$\$43.78 \$\$625.38 \$\$100 Premium GST 7% Total Premium Payable Windscreen excess Excess (Sect 1) POON FEI MENG KENNY EXC POON WAI KONG YOUTU'ET : 15 Feb 2019 to 14 Feb 2020 : drivo CLASSIC CHU SIEW LAI : BMW 320i SGD3550E Hire Purchase Company Transport Allowance Period of Insurance Primary Driver Named Driver (1) Named Driver (2) Renewal Details: Policy Coverage Vehicle Number Vehicle Model Excess Waiver

Memo A. N/A

Agency: SGP BUSINESS CONSULTANCY PTE_LTD_(00000573828)
Contact Number: 62810777

 The Total Premium Payable is after 50% No Claim Discount, 5% Loyalty Discount and with Free NCD Protection Cover. NTUC income insurance Cooperative Limited income Control of the State (1990) - Email: capre/Phintome.comag. *Mubaika.eve/moone.com.sg income Control of these State Road Singapore (1995) 7 - Tel: 6788.1777 - For 6338-1500 - Email: capre/Phintome.com.ag. *MTUC Social Enterprise ***

Claim Handling Accident MT/1082107 GST Registration No. SGD3550E 5097326741-01 Venicle No. Policy No. Certificate No. \$2505665E Policyholder NRIC CHU SIEW LAI Policyholder Name drive CLASSIC Loading Cover Type Product Code PRIVATE CAR INSURANCE Contact No.(Home) 0 Contact No.(Office) 98554351 Contact No.(Mobile) No.* eCode Special Remark Freail Address eCode Reason = No Yes TCA Private Hire No. 50 NCD Entitlement(%) NCD Protection Accident Details Collision - Head to Rear Accident Report Within 24 hrs Vers 29/01/2020 20:56 Report Date Singapore Country of Accident Time of Accident Nh:mm 18:40 26/01/2020 ICM No. Orange Force Reporting Centre ESSO TANJONG KATONG RD Accident Location **▽** Excess 100.00 Additional Excess Own damage Excess Dutside Singapore OD Excess 600.00 0.00 Unnamed Driver Excess 0.00 0.00 Dutside Singapore TP Excess Third Party Excess **→** Benefits GST Registered Information GST Registration Date SST Registered GST Status Verified **GST Registration No.** Modification History Policyholder Mailing Address SINGAPORE 439444 #12-03 DAWN VILLE 1 BUTTERWORTH LANE Address 2 Address 1 439444 Address Type Singapore address Post Code Address 4 5097326741-01 Related Policy Number U OI Driver Info Named Driver Driver Type POON WALKONG 589009150 Driver DOB 13/01/1989 Driver NRIC Unnamed driver Name Driving Experience Driver Age 31 Register Date of Driver License 20/02/2010 Contact No.(Home) Contact No.(Office) Contact No.(Mobile) 98554351 Address 3 Address 2 SINGAPORE 436954 60H TANJONG KATONG ROAD Address 1 Past Code 436954 Address Type Unit No. 50H Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes - No Declaration Breathalyser or Blood Test Reading? Yes = No Any injury? 0 mg Modification History Claim 001 OD-MX New Insured NRIC 5250 CHU STEW LAT ор-мх Claim Type * Contact No. (Office) 93859961 67498073 Contact No.(Mobile) O1 Vehicle SGD35506 Email Address SGD3550E / SM82268 ON 26 Jan 2020 Claim Description Preferend Replay Not at Fault GIA Received 29/01/2020 21:00 Date Registered Total Loss Workshop Repairer BEH SWEE YANG SHERWIN but Repaired Report Taken By Print AK letter Save Submit Attachment 001 MT/1082107 Claim No. Accident No. Upload Date 29/01/2020 00:00 W Yes No. Last Doc. Received Confidential Urgency * Path * * NO Clear Choose File No file chosen Please Select Normal Please Select Clear Choose File No file chosen . Clear Please Select NO Normal Choose File No file chosen y Normal * Y NO Clear Please Select Choose File No file chosen · NO ▼ Normal . Please Select Clear Choose File No file chosen * NO Normal Please Select Clear Choose File No file chosen Message Read Description Ŷ Urgency Uploaded By/Date Category

1/29/2020	Claim Ha	ndling(accident reporting	Claim Task 001 C	DD-MX)
	NAC_PAYA_UBI_BOODD1(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 20:59	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
20	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
96/0 -	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	NR3C/ Driving License Y	Normal	NR3C/ Driving License 2020-1-29
T	NAC_PAYA_UBI_SOC601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photas 2020-1-29
	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normali	Phatos 2020-1-29
10.00	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
100	NAC_PAYA_UB1_BODBO1(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
	NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jan 2020 20:59	Photos	Normal	Photos 2020-1-29
79	NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) on 29 Jun 2020 20:59	SAS	Normal	SAS 2020-1-29
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Folder Date

Uploaded By/Date

File Name

Source



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		ADDE	NDUM	
(A)	PARTICULARS OF PER	RSON MAKING THE AMENDME	:NTS:	
	Original Report No :	MNA120012551-01	Vehicle Registration No	SGD3550E
		POON WAI KONG	NRIC/FIN/Passport No:	SXXXX915D
		nicle Owner) (*) Please delete a		
	Address :	60H TANJONG KATONG	ROAD	Singapore(436954)
	Contact (Tel)	98554351	Mobile No. :	98554351
	Email Address :	NO EMAIL		
	Date of Accident :	26/01/2020	Time of Accident :18:4	10
	Place of Accident :	ESSO TANJONG KATO	ONG RD	
	Insurance Company:	NTUC Income Insuran	ce Co-operative Ltd	
			SHE	RWIN
	Policyholder / Driver Date:	s Signature	Reporting Centre Per Name: NRIC/FINNo.: Date:	sonnel's Signature