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Owner / Driver: (Tel:)
Policy No: () Per	loð: ()	Cover Type:		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number

EMail Address

- 1. 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 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.

- 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 ladgement 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

· 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1 · 1	ACCIDENT STATEMENT
Date Of Report	03/02/2020 15:09
Date Of Accident	01/02/2020 12:20
Exact Location Of Accident	BLK 22A HAVELOCK ROAD OPEN CARPARK (BMH4)
Country/State of Loss	SINGAPORE
中国 化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGP5646L
Insured/Policyholder	
Name Of Registered Owner	THNG HONG PING
NRIC No	SXXXX953F
Email Address	TAT.NO@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96770977
Alternative Phone No	OTHERS-96770977
Vehicle Particulars	
Manufacturer	HONDA
Model	EDIX-1.7 (A)
Exact Purpose for which vehicle was being used at time of accident	
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	5114999544
Cover Note Number	
Driver	
Name of Driver	THNG HONG PING
NRIC No	SXXXX953F
Date Of Birth	09/10/1967
Occupation	INDOOR
Date Of Driving Pass	17/11/2000
Driving Experience	19 YEARS AND 2 MONTHS
	A CONTRACTOR OF THE STATE OF TH

MALE

(LOCAL) +65-96770977

TAT.NO@HOTMAIL.COM

OTHERS-96770977

Address

BLK 55 HAVELOCK ROAD

#08-138

Postcode

161055

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 - MAJOR/MINOR RD

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 ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

1

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

PLEASE REFER TO SKETCH PLAN

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

SJF2983A

Vehicle Make/Model/Colour

HYUNDAI AVANTE

Details Of Properties

Vehicle Category

PRIVATE HIRE

Name of Driver

TAN BOON ANN

NRIC/Passport Number

SXXXX949Z

Contact Number

97101952

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.
- 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 insurers) 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 po

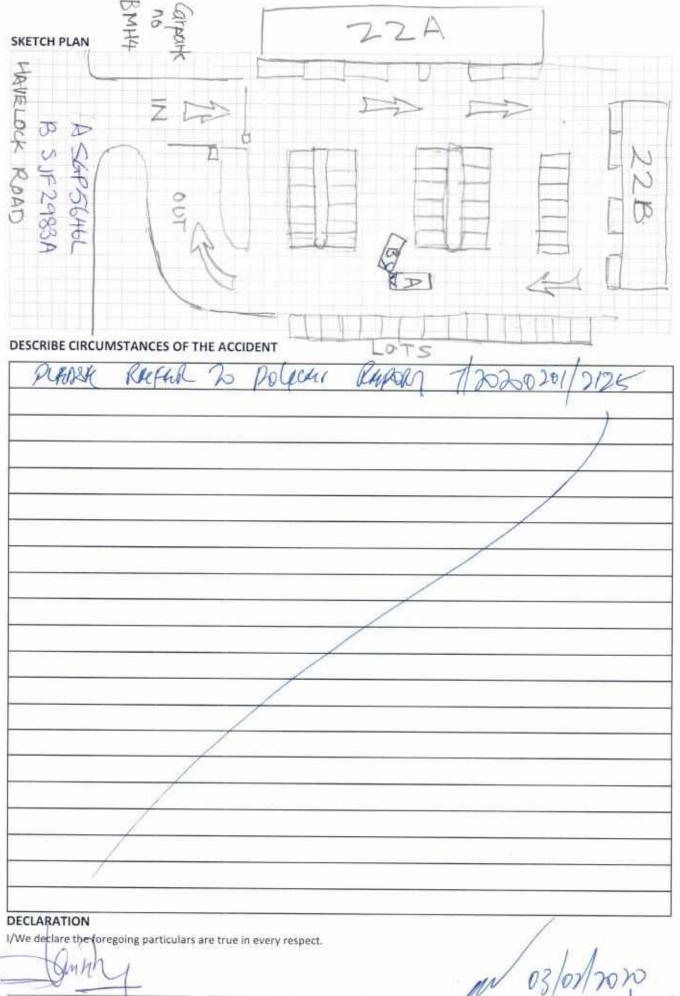
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time:

Name:

AGCIDENT STATEMENT

ýCC)	DENT DATEL 01: 02 /2020 (DD/MM/777), TIME; (12: 20)(HHMM)
100,4	MON: at the compark of Block 2ZA Havelook Rd Corportino.
1	PLOCK ZZA Havelouk Rd Carparleno.
14.9	DETAILS OF VEHICLE BUH4
	DINSURANCE COMPANY INCOME
- 3	OT OUT NUMBER: 5114999544
	PIPOLICY TYPE: I COMPREHENTIVE I THIRD
87	
16	DITTPE: (SALOON / COUPE/ MPV) / VAN / LORRY / MOTORCYCLE, / OTHERS) INPURPOSE OF USING AT A COUPE/ MPV / MOTORCYCLE)
*	MAINS TOU CLAIMING HADED VALLE AUGUSTIONS
2.,	INSURED / POUCY HOLDER
	ANAME: THAG HONG PING
	O) ADDRESS: BIK 55 HAVELOCK ROOM #08-138
	25,01027
HNO of purcentiff	CONTINUE TO 3,4 IF DRIVER ALSO POLICY HOLDER
(miduding shower)	A- P
(NIL)	O INTRO PINA ASSPORT
	C)ADDRESS:
	" d) DATE OF BIRTH: (09) (0) 196] (00/MM/YYYY) .
	OUCCUPATION ARROADY ATTROCATE
4.	TIDAY & OF DRIVING PAGE 17-11-2000 WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES (NO)
.5.	TATALON CONDITION: (CLEAR / RAINING / OTHERS
6.	WAS ANYBODY INJURED IYES (NO)
Z.	O/REPORTED TO POUGE (YES) AG
8,	THIRD PARTY VEHICLE
o his of plussengur	D) VEHICLE NUMBER: SJF 2983A MODEL HYUNDAL HO AVANTE 1 6A b) DRIVER'S NAME: TAN BOON AND c) NRIC/FIN/PASSPORT! \$ 13009497 CONTACT! 97101952
(NIC)	c) NRIC/FIN/PASSPORTI S 1300949Z CONTACTI 97101952
9.	THIRD, PARTY VEHICLE
s his at horseware	d) VEHICLE NUMBER: MODEL!
(Including deliver)	a) DRIVER'S NAME:MODEL!
()	ONIACID.
200 B 40 B 10 B	101 - 202

email: tatino@Aotmail.com





- 1 of 3

Report No. T/20200201/2125

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

	ne Report N 20 20:20	lade:	Vide Report No.:	Station Diary No.: 154	
Informa	nt's Particu	ulars			
Name of	Informant: ONG PING	(Address: APT BLK 55 HAVELOG	CK ROAD #08-138 SINGAPORE 161055	
	/ iD No.: D / S178598	53F	Contact No.: Home/Office: Mobile: 96770977		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: //ale	Age: 52	Date of Birth: 09/10/1967	Type of Informant: Driver		
Race: Chinese			Language;	Institution / School Name:	
Occupation: Civil engineer (general)		Driving Licence Information: Class: 3 Date of Expiry:			

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2020 12:10	Type of Location Car Park	
Location: Along Road 1 HAVELOCK INDUS ROAI at the carpari Weather: Clear	ROAD D	ck Rd, Carpark No. BN Road Surface: Dry	1H4	Road Speed Limit	
Traffic Flow: Traff		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis	sion:			Anyone conveyed by ambulance:	

'chicle No.	Type	Make	Model	Color	Condition	No of Passenge
GP5646L	Car	HONDA	EDIX 1.7 A	Grey	Slightly Damaged	0
SJF2983A	Car	HYUNDAI	HD AVANTE 1.6 A	White	Seriously Damaged	TO HAT IS

Datails of V	ehicle Insurance			The state of the s
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SGP5646L	NTUC Income Insurance Co-Operative Limited	5114999544	19/12/2019	18/12/2020





2 of 3

Report No. T/20200201/2125

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678

Tel No: 1800-2949999

CONTINUATION OF REPORT

Any Pedestrian In	ivolved: No				
Nc. of Pedestrian	Use of Pedestrian Crossing; NA				
Driver	MIROLO				
Name	THNG HONG PING				S1785953F
Related Vehicle	SGP5646L (Car)	С	Contact No.		96770977
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Dischar	rge	NIL	
	ted Medical Leave NIL	Degree of In	jury	NIL	
Driver					DESCRIPTION OF THE PARTY OF THE
Name	Tan Boon Ann	10	D No.	9	S1300949Z
Related Vehicle	SJF2983A (Car)		Contact No.		97101952
Hospital/Clinic	NIL	L	Class of Driving Licence & Expiry Date		Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discha		NIL	
No. of Days gran	ted Medical Leave NIL	Degree of In	njury	NIL	

Brief Details.

On the above mentioned date, time and location. I was driving my car, SGP5646L, at 22 Havelock Rd Carpark No. BMH4 to go for lunch. I decided to proceed out of the carpark as the store that I wanted to eat was closed as such I had to make one round in the carpark just to exit. As I was about to reached the gantry, driving on a straight road, out of a sudden, there was a car, SLF2983A, came from my right and had bang on to my right front side. My right front mudguard had a dent and scratches and the other car left front bumper was seriously damaged. I do not have any in-car camera. There was no one was injured. No police attended to us. I lodge this report as instructed by my insurance company.





3 of 3

Report No. T/20200201/2125

Police Station Of Origin: Roctior N.P.C 11 Kampong Kapor Road SINGAPORE Tel No: 1800-2949999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: A / Sgt 1 MOHAMMAD SYAHAZAN BIN ALIAS	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/02/2020 20:20
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stampapore POLICE FUNCE	
SIGNATURE	

Claim Handling Accident MT/1082653 Palicy No. 5114999544 Vehicle No. 5GF5646L GST Registration No. Certificate No. Palicyholder Name THING HONG PING **Policyholder NRIC** Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Leading Contact No.(Mobile) Contact No. (Office) Contact No.(Hume) 06770077 Email Address Special Remark eCode - No Yes n. No. Yes eCade Reason NCD Protection NCD Entitlement(W) Private Hire W Accident Details Report Date 03/02/2020 15:32 Accident Report Within 24 hrs. Yes Accident Type Date of Accident 01/02/2020 Time of Accident hhumin 12:20 Country of Accident ICM No. Reporting Centre Orange Perce Accident Location BLK 22A HAVELOCK ROAD OPEN CARPARK (BMH4) Total Excess Applicable Excess Type Per Accident Windscreen Excess 100.00 OD Standard Excess TII Standard Excess 0.00 600.00 Driver is Cavered? VIED OD Excess YIED TP Excess 0.00 05.6 Additional Excess Total TP Excess Applicable Total CO Excess Applicable 600.00 in no Benefits GST Registered Information GST Registration Date GST Registered GST Registration No. GST Status Verified Yes Modification History → Policyholder Mailing Address BLK 55 #08-138 HAVELOCK ROAD Address 3 Address 4 Address Type Singapore address Post Code 5114999544 Linit No. 08-138 Related Policy Number. ₩ OI Driver Info Main Driver THNG HONG FING Driver Type Driver Name Unnamed driver Name Driver NAIC 51785953F Driver DOB Register Date of Driver License 01/01/2002 Driver Age 13 Driving Experience Contact No.(Mobile) 96770977 Contact No.(Office) Contact No.(Home) Address 3 Address 2 Address I BLK 55 #00-138 HAVELOCK ROAD Singapore address Post Code Address 4 Address Type 08-138 Does he own a Singapore Registered car? **Driver Insurer Company** Driver Vehicle No. 50P56461 Yes = No Declaration Breathalyser or Blood Test Reading? Any injury? Yes - No Modification History Claim 001 New Claim Type + ов-мх THING HONG PLNG Contact Contact No. (Mobile) 55770977 No. (Home) OI. Vehicle Number Email Address SGP96461 Claim Description SGP\$646L / SJF2983A ON 1 Feb 2020 Parfarered Liability Not at Fault Workshop Beauer No. Yes Finalisation Yes ▼ GIA Preferred Workshop, Name unknown Repair Detion Date Registered 03/92/2020 15:43 Report Taken By ROSLI WAHAE Frint AK letter Save Submit Attachment Accident No. MT/1082653 Clean No. Last Doc. Received. * Yes O No Upload Date 03/02/2020 15:46 Confidential Urgency (

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	NAC_BUKIT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:46	Photos.		Normal	Photos 2020-2-3
73	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:45	Photos		Normal	Photos 2020-2-3
34	NAC_BUKIT_MERAH_BOD626(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:45	Photos		Depreyable	Photos 2020-2-3
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	NAC_BURIT_MERAH_BO0676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Feb 2020 13:45	Photos		Normal	Photos 2028-2-3
3	NAC_BUKIT_MERAH_BO0676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BUKIT MERAH)) on 03 Feb 2020 13:43	Photos		Normal	Photos 2020-2-3
	NAC_BURTT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE 5 (BURTT MERAH)) on 03 Feb 2020 15:45	Photos		Normal	Photos 2020-2-3
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11	NAC_BUKTT_MERAH_B00676(NATIONAL ASSESSMENT CENTRE SERVICE S (NUMET MERAH)) on 03 Feb 2020 15:45	Photos		Normal	Photos 2020-2-3
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	NAC_BURIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BURIT MERAH)) on 03 Feb 2020 13:44	Photos		Normal	Photos 2020-2-3
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43	NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 03 Feb 2020 15:44	SAS		Normal	SAS 2020-7-3
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eBaoTech GeneralClaim Mello, NAC_BUKIT_MERAH_800676 · Change Language · Change Password . Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 01/02/2020 15:07 Vehicle No.(For Mator) SGP5646L Certificate Number 5earch Certificate Policyholder Name Policyholder NRIC Select Policy No. Product Cover Type Vehicle Insured Commence Date Number Expiry Date No. Object THNG HONG PING 5114999544 drivo CLASSIC S1785953F GPC SGP5646L SGP5646L 19/12/2019 18/12/2020