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Owner / Driver: (Tel:)	
Policy No: () Peri	ind: ()	Cover Type: ()
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SINGAPORE ACCIDENT STATEMENT

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.
- 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.
- 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.

aforesaid.	
2000年 经金融金额 中枢中枢 经产品 经工程 计图像	ACCIDENT STATEMENT
Date Of Report	06/02/2020 13:16
Date Of Accident	12/12/2019 14:10
Exact Location Of Accident	CARISSA PARK
Country/State of Loss	SINGAPORE
1000年100日 20日本第二年10日日日 E	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLA8171P
Insured/Policyholder	
Name Of Registered Owner	PEH HOCK LEE
NRIC No	SXXXX967J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188490
Alternative Phone No	OFFICE-91188490
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL
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	5104512848
Cover Note Number	
Driver	

 Name of Driver
 LEE YUE HOCK

 NRIC No
 SXXXX134D

 Date Of Birth
 07/02/1957

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/03/1980

Driving Experience 39 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96279971

Fax Number Contact Number

EMail Address

NOEMAIL

Address BLK 764 PASIR RIS ST 71 #08-252

Postcode 510764

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLIDED INTO PROPERTY

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

1

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 2

NO

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

Details of Police Action

NO 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

AFTER I PICK MY PASSENGER AT THE CARISSA PARK, I EXITING FROM THE CARPARK BARRIER, AFTER PASS THRU THE BARRIER, MY VEH RIGHT FRONT WHEEL ACCIDENTALLY WENT UP TO THE KERB, THE I RELEASE MY BRAKE, MY VEH ROLLED BACK A BIT, TOUCH ONTO THE BARRIER. THE BARRIER DENT, I TALK TO THE MCST OFFICER, I WILLING TO PAY FOR THE REPAIR COST AND I PROVIDE MY PARTICULAR TO THE OFFICER, THE OFFICER SAY AFTER GET THE QUOTATION WILL NOTIFY ME, AFTER FEW DAY I HAVE NOT YET GET THE CALL AND I CALL BACK TO THE OFFICER, THE OFFICER SAY HE HAVEN'T GET THE QUOTATION. FEW WEEK LATER I RECEIVED A CLAIMS LETTER FROM MY INSURANCE COMPANY REFER THE CARPARK BARRIER HAVE CLAIM ON MY INSURANCE.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

BARRIER Vehicle Make/Model/Colour

Details Of Properties

GOVERNMENT 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 (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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carissa Park	
In out	A = SLA 8171 P.
flora Dr	

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	٠,	statement	
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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: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

eBaoTech GeneralClaim Hello, NAC_PAYA_UBI_800601 · Change Password · Change Language Log Out My Desktop **Policy Query** Notice of Loss Policy No. Date of Accident 12/12/2019 13:13 Vehicle No.(For Motor) SLA8171P Certificate Number Search Certificate Number Policyholder Name Policyholder NRIC Vehicle No. Insured Object Commence Date Select. Policy No. Product Cover Type Expiry Date PEH HOCK LEE drivo CLASSIC 5104512848 501959673 SLA8171P SLA8171P 15/10/2018 16/03/2020 Continue

2/6/2020 Claim Handling(Claim Task) Claim Handling Accident MT/1081937 5104512848 Vehicle No. SCASITIO GST Registration No. Certificate No. Policyholder Name PEH HOCK LEE Policyholder NRTC \$01959673 Product Code PRIVATE CAR INSURANCE Cover Type drive CLASSIC Loading Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Email Address Special Remark eCode No v - No Yes TEA - No Yes eCode Reason NCD Protection NCD Entitlement(%) Private Hire Not available Accident Details Report Date 29/01/2020 10:25 Accident Report Within 24 hrs Accident Type Collided Into Property Date of Accident 12/12/2019 Time of Accident hhomm 14:10 Country of Accident Singapore Reporting Centre Orange Force ICM No. Accident Location CARISSA PARK Excess Own damage Excess 2,000.00 Additional Excess Windscreen Excess 100.00 Unnamed Driver Excess 0.00 Dutaide Singapore OD Excess 2,000.00 Third Party Excess 1,500,00 Dutside Singapore TP Excess 1,500.00 Benefits GST Registered Information GST Registration Date GST Registration No. GST Status Verified Yes Modification History Policyholder Mailing Address BLK 141 #09-364 Address 2 TAMPINES STREET 12 Address 3 TAMPINES PARK Address 4 SINGAPORE 521141 Address Type Singapore address Post Code 521141 09-364 Related Policy Number 5114264199 ♥ 01 Driver Info Onver Type Unnamed driver Name Driver NRIC Driver DOB Register Date of Driver License Driver Age Driving Experience Contact No.(Mobile) Contact No.(Office) Contact No.(Home) Address 1 Address 2 Address 3 Address Type Foreign address Post Code Unit No. Does he own a Singapore Registered car? Yes - No Driver Vehicle No. Driver Insurer Company Modification History Claim 002 New Claim Type * Insured PEH HOCK LEE OD-MX 50195 Contact Contact Contact No.(Mobile) 96668182 67824839 No. (Office) OI Vehicle Number SLAS171P Email Address Vehicle Number BARRII Name of Preferred Workshop Claim Description SLAB171P / BARRIER ON 12 Dec 2019 Insured Liability Partially at Fault Profesered Repair Profesered Vision 1 Preferred Workshop Bottelet No. Yes Finalisation GIA Received Date Registered Date Received 06/02/ 06/02/2020 13:57 Report Taken By LIEW SHAN HUT Print AK letter Save Submit

ctident No.	MT/1081937	Claim No.		002						
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Attachment

Uploaded By/Date NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o 06 Feb 2020 13:57 Category

Norma)

Description

NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o

SAS

NRIC/ Driving License

Normal

NRIC/ Driving License 2020-2-6 SAS 2020-2-6

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6/2020			Claim Handling(Claim Task)	

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