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Veh No: SFG1974	E-mail (within Shrs, AIC 2hr	(5)	Anha wy			
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	i-Motor W/O (Within: Of	D 2hrs, TP 4hrs)		- 1717		
OD TP Reporting Only	i-Photo Uploaded					
	Assessment/Survey Repo					
TP Insurer:	Ass't Report by Fax / H	and to Owner/Wksp				
Preferred Wksp / INC Assign Wksp / QW:	(Tel:	Fax:			
TP Particulars: Veh No:		<pre>IC(,)/Non-INC().</pre>	- 1			
Owner / Driver: (Tel:				
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Period: () Cover Type: (
Policy No: (Date:	Time:)			
Confirmed by: (%) [Note-Est. Status (WO): N	: 0-20%; P: 21-79%. F: S	0-100%]			
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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.
- 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	18/02/2020 11:34
Date Of Accident	17/02/2020 18:00
Exact Location Of Accident	LOR 6 TOAPAYOH NEAR SAFRA
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SFG1972E
Insured/Policyholder	
Name Of Registered Owner	LEE LYE THIAM
NRIC No	SXXXX622E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91914230
Alternative Phone No	OFFICE-91914230
Vehicle Particulars	
Manufacturer	NISSAN
Model	SUNNY 1.6EXM
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	5087238583-03
Cover Note Number	
Driver	
Name of Driver	LEE LYE THIAM
NRIC No	SXXXX622E
Date Of Birth	20/01/1950
Occupation	INDOOR
Date Of Driving Pass	20/11/1974
Driving Experience	45 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91914230
Fax Number	
11/2/2000 2000 2000 2000	

OFFICE-91914230

NOEMAIL

BLK 233 LORONG 8 TOA PAYOH

#09-256

NO

NO

310233 Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

CHAIN COLLISION Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

Address

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) 4

involved in the accident

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.

1 Number of Passengers (Including Driver)

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

REFER TO STATEMENT.

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

SJL6059K 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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SKD6175M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

SJN6414H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

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

- Please report <u>correctly</u> 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:
 - (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 (If driver is not the policyholder) Date & Time;

Reporting Centre Personnel's Signature

NRIC/FIN No.:

tir St.	
DOA: 17/2/20	A
A: SFG 1972 E	2 A
B; SJL WITH	JB)
C . SKD 6175M	4(c)
D. SJN 6414H	7

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:

Personal Particulars
Date of Accident: 17 2 20 Time of Accident: 6-00 pm
Exact Location of Accident: Too Payoh Loc 6 near Safra
Owner's Name: LOR Lye Thicm NRIC NO: SU4) 4()) FIP NO: 91914230
Driver's Name: NRIC No: HP No: 4
Date of Birth: 30 11950 Driving Licence Passing Date: 20 11 1974 Occupation: Inggor / Outdoor
Address: 233 Toa Payoh Lor & #09-256 (310233)
Relationship of Driver with Insured: Dune Email Address:
Vehicle No: SFG 1972 E Make & Model: Nissan
Insurance Co: NTUC Coverage: Policy No:
*Purpose of Reporting? Own Damage Claim / 3rd Perty Claim / Not Claiming, Just Reporting Only
*Exact Purpose of The Vehicle Was Being Used At Time Of Accident: Private Use / Work
S-5224-010 - 1-25-0 - 1/2
*Weather Condition? Clear / Raining / Others: Wet / Ory / Others:
* Any passenger inside vehicle involved? (Yes / No) If yes, Vehicle No & How many pax:
A: 1+0 B: 1+0 C: D:
*Was Anybody Injured ? (Yes / Pub) If yes,
Name / NRIC / In Vehicle:
*Was The Accident Reported To The Police ?
9 No O Yes, Which Police Station?
*Does the Driver Own Any Other Vehicle?
No O Yes, Vehicle Registration No:insurer:
*Was any foreign vehicle involved? (Yes / No) If yes, Vehicle No & Category:
*Was there any video captured by Car Camera? (Yes/No)
CONTROL AND ADDRESS OF THE PROPERTY OF THE PRO
Third Party Driver's Particulars
Vehicle & No: SJL 6059 K Make & Model:
Driver's Name:NRIC No:HP No:
Vehicle C No: Iviake & Model:
Driver's Name:NRIC No:HP No:
Witness Particulars
Name:

eBao Tech						AU PORT	+ Change	Language	+ Chang	e Password	· Log Out
Hello, NAC_PAYA_UBI_80	0601						-				,
My Desktop	Polic	y Query									
Notice of Loss	Policy N	0.				Date o	f Accident	1	7/02/2020 1	8:00	
	Vehicle	No.(For Motor)	SFG197	2E		Certific	ate Number				
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5087238583- 03		LEE LYE THIAM	50424622E	GPC	CLASSIC	SFG1972E	SFG1972E	22/01/2020	21/01/2021

	sements				Endorsemen		Endorsement Content	
▶ Insur	MANAGEMENT WAS ACCOUNTED TO SELECT THE							
	ed Object: SFG1972E							
Unit No.			ated Policy 5087238583-03 mber					
Address 4			ess Type	Singapore addre		Post Code	310233	
Address 1	BLK 233 #09-256		ess 2	LORONG 8 TOA		Address 3	310233	
→ Policy	holder Mailing Address			Validadas	22 (10 QAV)	*********	SINGAPORE 310233	
Certificate Info								
Policy Info								
Flag Open								
Co- nsurance No								
Agent	ST INSURANCE AGENCY PTE	SURANCE AGENCY PTE. LT Agent Tel.		04049090				
OD Excess	TP Exce		64649098		GST Flag	Y		
ingapore 600		Outside Singapore	0			Young	/Inexperience Driver Excess	
Additional Excess	0	OS Premium	0					
Excess	E		0.55		EXCESS			
Third Party	0	Own damage	600		Windscreen Excess	n 100		
Excess	Per Accident	All Claims Excess	22/01/2020 00:00 laims			21/01/2021 23:59		
Policy ssue Date	23/12/2019	Effective Date			Expiry Date			
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
ddress	BLK 233 #09-256 LORONG 8	TOA PAYOH SIN	AYOH SINGAPORE 310233					
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	5087238583-03	Policyholder Name	LEE LYE TH	IAM	Policyholder NRIC	S0424622E		

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y No.	5087238583-03	Vehicle No.	2.2.7.2.		- Control of the Cont	
oficate No.					Policyholder NRIC	S0424622E
AT A STREET	LEE LYE THIAM	Cover Type	drivo CLASSIC		Loading	0
No. of the last of	PRIVATE CAR INSURANCE	Cover Type Contact No.(Office)	0		Contact No.(Home)	0
tact No.(Mobile)	91914230				eCode	NC V
hi Address		Special Remark TCA	® No ○Yes		«Code Reason	
	® No ○ Yes	NCD Encidement(%)	50		Private Hire	No
> Protection	Yes	ALD Elithonia (A)				
Accident Details	Value Control of the	Accident Report Within 24 hrs	Yes		Academ Type	Chain Collision
port Date	18/02/2020 11:44	Time of Accident hh:mm	18:00		Country of Accident	Singapore
e of Accident	17/02/2020	Orange Force	3570364		ICM No.	
porting Centre	and the second second second	Grange rurus				
cident Location	LOR 6 TOAPAYOH NEAR SAFRA					
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ED OD Excess	0.00					
ditional Excess	600.00	Total TP Excess Applicable		0.00		
al OD Excess Applicable	900.00	11/2016-100				
Benefits	ation					
GST Registered Informa	No No		GST Regist	tration Date		
T Registered T Registration No.	120		GST Statu	s Venfied	Yes	
dification History						
Policyholder Mailing Ad	dress				11002	SINGAPORE 310233
ddress 1	BLK 233 #09-256	Address 2	LORONG 8 TOA P		Address 3	
odress 4		Address Type	Singapore addres	5	Post Code	310233
nit No.		Related Policy Number	5067238583-03			
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river Name	LEE LYE THIAM	Driver Type	Main Driver			20/01/1950
nnamed driver Name		Driver NRIC	504245226		Driver DOB	20/01/1950
egister Date of Driver License	20/11/1974	Driver Age	70		Driving Experience	45
ontact No.(Mobile)	91914230	Contact No.(Office)	0		Contact No.(Home)	0
ddress 1	BLK 233	Address 2	LORONG 8 TOA	PAYOH	Address 3	SINGAPORE 310233
doress 4		Address Type	Singapore addres	is.	Post Code	310233
Int No.	09-256					
Does he own a Singapore	○ Yes ® No	Driver Vehicle No.			Driver Insurer Company	
tegistered car?	0.44					
eclaration						
Breathalyser or Blood Test	0 mg	Any injury?	O Yes ® No			
eading?	- mg	DE 4500A 70 NO				
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laim Type *	00-MX	Insured Name	LEE LYE THEAM			NIL
			A STATE OF THE PARTY OF THE PAR		Management have been been	
Consact No. (Mobile)	91914230	Contact No.(Home)	NOL		Contact No.(Office)	The state of the s
		Of Vehicle Number	SFG1972E	100	Contact No.(Office) TP Vehicle Number	\$31,6059K
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rmaf Address Dalmant Type Claimant Type Dalmant Name * Claimant Address Claim Description Preferred Workshop Contact	+ Please Select ≥≥	Of Vehicle Number Type of Benefit *	SFG1972E Please Select Not at Fault	V	TP Vehicle Number Name of Preferred Worksh	\$31,6059K
tmar Address Dalmant Type Claimant Type Dalmant Name * Claimant Address Claim Description Preferred Workshop Contact No.	+ Please Select ≥≥	Of Vehicle Number Type of Benefit * Cleimant NRIC *	SFG1972E Please Select Not at Fault	V	TP Vehicle Number Name of Preferred Worksh GiA report	S3L6059K
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