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Owner / Driver: (		Tel:	)
Policy No: ( ) Perio	od: ( )	Cover Type: (	)
Confirmed by : (	Date:	Tlmer	)
Insured/Driver Liability: ( %) [No	te-Est. Status (WO): N: 0-	20%; P: 21-79%. P: 30-1	00%]
CONTROL OF THE PROPERTY OF THE	irranty: YES ( )/NO (	)	
Excess: (\$ ) Loading: \$1,000			eb <del>eloki zakazan</del> iaa
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Date/Fine Action  Date/Fine Action  Entimed Action  April 20  Entimed By Action  Fiver/Owner:  Ontact No:  Inuaged Portion:  Checked by (Engr-In-Charge):	( )  ( )  ( )  ( )  ( )  ( )  ( )  ( )	The strict of th	32.00 32.00 143 120 130 175 160 175 175 175 175 175 175 175 175

#### 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 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.
- 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.	
	ACCIDENT STATEMENT
Date Of Report	18/02/2020 10:09
Date Of Accident	17/02/2020 14:40
Exact Location Of Accident	TAMPINES ST 42
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH8162D
Insured/Policyholder	
Name Of Registered Owner	LIM MENG KHIANG
NRIC No	SXXXX741C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96167263
Alternative Phone No	OFFICE-96167263
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	ATTRAGE 1.2 CVT
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	REPORTING ONLY
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	5094699783-02
Cover Note Number	
Driver	
Name of Driver	LIM MENG KHIANG

 Name of Driver
 LIM MENG KHIAN

 NRIC No
 SXXXX741C

 Date Of Birth
 28/04/1964

 Occupation
 INDOOR

 Date Of Driving Pass
 08/01/1986

Driving Experience 34 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96167263

Fax Number

Contact Number OFFICE-96167263

EMail Address NOEMAIL

Address BLK 157B RIVERVALE CRESCENT #12-619

2

NO

NO

NO

NO

Postcode 542157

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

VIII - VI

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

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) 2

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? NO
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHA3594H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver WOO KUM WENG NRIC/Passport Number SXXXX099Z

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.
- 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:

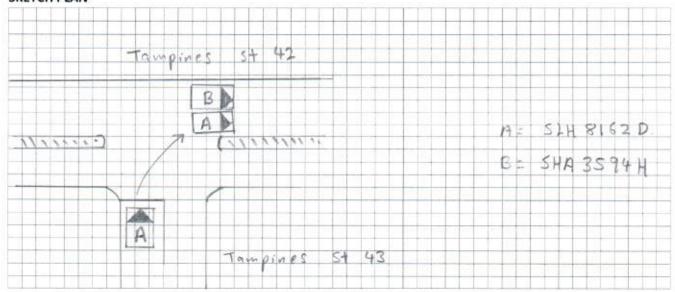
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 Date & Time:

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

NRIC/FIN No .:

#### SKETCH PLAN



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	statement	
		1	
			N. C.

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 .:

SHA3594H

Mr. Woo Kum Weng

IC:S0228099Z

This happened around 2.42pm, when I was at the T junction of Tampines Street 42.

I made sure there was no car coming from my left side before I made a right turn.

When I was turning, a taxi suddenly came from my left side and hit against my car's front left bumper.

The taxi was travelling at around a speed of 50km/hr. Both of us (the drivers) alighted from the car to check - the front left bumper of my car came off, while the taxi had slight scratches at the right side of the vehicle.

<b>eBao</b> Tech					<b>差三十</b>					Genera	alClaim
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My Desktop	Poli	cy Query									,
Notice of Loss	Policy I	No.				Date	of Accident		17/02/2020	10:08	
	Vehicle	No.(For Motor)	SLH81	62D		Certi	ficate Numbe	er			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5094699783- 02		LIM MENG KHIANG	S1635741C	GPC	drivo CLASSIC	SLH8162D	SLH8162D	21/11/2019	20/11/2020
						Continue					

## Claim Handling

Policy No. Certificate No.	The state of the s					
	5094699783-02	Vehicle Ng,	SLH8162D	GST Reg	istration No.	
Policyholder Name	LIM MENG KHIANG					
Product Code	PRIVATE CAR INSURANCE			Policyhol	der NRIC \$1635741C	
Contact No.(Mobile)	96167263	Cover Type	drive CLASSIC	Loading	0	
Email Address	3010.203	Contact No.(Office) Special Remark			Vo.(Home)	
KFK	ii No ⊘ Yes	TCA	at the service	eCode	No T	
NCD Protection	Yes	NCD Entitlement(%)	ie No ⊕ Yes	eCode Re		
		nes empene (w)	50	Private H	ire No.	
Report Date	18/02/2020 11:59	Accident Report Within 24 hrs	Yes			
Date of Accident	17/02/2020	Time of Accident hhomm	14:40	Accident		finor Ro
Reporting Centre		Orange Force	14540		of Accident Singapore	
Accident Location	TAMPINES ST 42			ICM No.		
▼ Total Excess Applicable	E STANKE STANKE					
Excess Type	Per Accident	Windscreen Excess		90.00		
			1	90.00		
OD Standard Excess	600	0.00 TP Standard Excess		0.00		
YIED OD Excess		0.00 YIED TP Excess		0.00 Driver is 0	Covered? Covered	
Additional Excess		0				
Total OD Excess Applicable	600	0.00 Total TP Excess Applicable		0,00		
▼ Benefits	60 WV					
♥ GST Registered Inform	1000					
GST Registered GST Registration No.	No		GST Registration D			
Modification History			GST Status Verified	1	Yes	
♥ Policyholder Mailing Ad	dress					
Address 1	BLK 1578 #12-619	Address 2	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT			
Address 4		Address Type	RIVERVALE CRESCENT Singapore address	Address 3	SINGAPORE 54215	17
Unit No.		Related Policy Number	5094699783-02	Post Code	\$42157	
♥ OI Driver Info		(10000000000000000000000000000000000000	009-029702-02			
Driver Name	LIM MENG KHEANG	Driver Type	Main Driver			-
Unnamed driver Name		Oriver NR3C	S1635741C	Driver DOI	28/04/1964	
Register Date of Driver License	04/01/1986	Driver Age	55	Driving Ex	***************************************	
Contact No.(Mobile)	96167263	Contact No.(Office)		Contact No		
Address 1	BLK 157B #12-619	Address 2	RIVERVALE CRESCENT	Address 3	SINGAPORE \$4215	9
Address 4		Address Type	Singapore address	Post Code	542157	
Unit No.						
Does he own a Singapore Registered car?	○ Yes · No	Driver Vehicle No.		Date of the		
				Driver Indu	irer Company	
Peclaration				Driver place	rer Company	
	0 mg	Any injury?	⊕ Yes ∉ No	Driver Indu	rer Company	
Declaration Breathalyser or Blood Test	0 mg	Any injury?	⊕ Yes ⊛ No	briner insu	rer Company	
Declaration Breathalyser or Blood Test	0 mg	Any injury?	⊕ Yes ⊛ No	briner insu	rer Company	85
Peclaration Breathalyser or Blood Test leading?	0 mg	Any injury?	⊚ Yes ⊛ No	briner insu	rer Company	78
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Peclaration Breathalysis or Blood Test Reading?	0 mg	Any injury?	⊕ Yes ≰ No		Insured Insured	\$1635
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# Claim Handling(accident reporting Claim Task )

	Uploaded By/Date	Folder Date	Fi	le Name		Source	
♥ Video List							
	NAC_PAYA_UBI_800601( NATIO 18 Fe	NAL ASSESSMENT CENTRE SERVICES) o b 2020 12:01	Photos		Normal	Photos 2020-2-18	
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