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SINGAPORE ACCIDENT STATEMENT

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.
- 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.

	ACCIDENT STATEMENT
Date Of Report	21/02/2020 16:35
Date Of Accident	19/02/2020 09:20
Exact Location Of Accident	MCE (AYE) BEFORE STRAITS BLVD EXIT
Country/State of Loss	SINGAPORE
CONTRACTOR OF THE CONTRACTOR O	ETAILS OF OWN VEHICLE
Vehicle Registration Number	YP9237U
Insured/Policyholder	AND THE STATE OF THE PARTY OF THE STATE OF T
Name Of Registered Owner	NEWAY SERVICES PTE LTD
Co Reg No	2XXXXX580H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97613099
Alternative Phone No	OFFICE-97613099
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FUSO FK62FMZ1RDEC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102969223-01
Cover Note Number	
Driver	
Name of Driver	KASI SOUNDRAPANDIAN
Passport No/FIN	GXXXX747N
and the control of th	00/02/4007

08/03/1987 Date Of Birth OUTDOOR Occupation 08/12/2017 Date Of Driving Pass

2 YEARS AND 2 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-90390977 Mobile Number

Fax Number

OFFICE-90390977 Contact Number

NOEMAIL **EMail Address**

BLK 487B TAMPINES STREET 45 Address

#05-123

Postcode

521487

Was driver an employee of the Insured's Company YES

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

Type Of Accident

COLLISION - CHANGE/CROSS LANE

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?

YES

Was any other material or property damaged? 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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. VEHICLE B WAS TRAVELLING ALONG 2ND LANE SUDDENLY CUT ONTO MY LANE AND HIT ONTO MY VEHICLE RIGHT PORTION.

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

SLP8141Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

YIAU SEE OI

NRIC/Passport Number

SXXXX034D

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

2

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.
- 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 liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 6. 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.
- 7. 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:

- 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:
 - (i) 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
- 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 Name:

NRIC/FIN No .:

SKETCH PLAN B \$1981414 A-16/ w

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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.:

eBao Tech										Genera	lClaim
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Notice of Loss	Policy N	lo.				Date o	f Accident	[19/02/2020	09:20	
	Vehicle	No.(For Motor)	YP9237	ru		Certific	ate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102969223- 01		NEWAY SERVICES PTE LTD	201401580H	GCV	Preferred Workshop Plan	YP9237U	YP9237U	10/08/2019	09/08/2020
				10,00000	C	continue	27/12				

Policy No.	5102969223-01	Policyholder Name	NEWAY SER	RVICES PTE LTD	Policyholder NRIC	201401580H	
Certificate No.							
Address	BLK 487B #05-123 TAMPINES S	TREET 45 SIN	GAPORE 521	1487			
Product Name	COMMERCIAL VEHICLE INSURAL	Plan			Group Policy Flag	N	
Policy ssue Date	11/07/2019	Effective Date	10/08/2019	9 00:00	Expiry Date	09/08/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	1500		Windscreen Excess	100	
Additional Excess		OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess				Young	/Inexperience Driver Excess
Agent	PRO-LINK INSURANCE AGENCY	Agent Tel.	65672149		GST Flag	Y	
Co~ insurance Flag	No						
Open Policy Info							
Certificate Info							
Policyh	nolder Mailing Address						
Address 1	BLK 487B #05-123	Addre	ess 2	TAMPINES STREE	T 45	Address 3	SINGAPORE 521487
Address 4			ess Type	Singapore addres	s	Post Code	521487
Unit No.	05-123	Relati Numb	ed Policy per	5113420504			
▶ Insure	d Object: YP9237U						
▽ Endors	sements				-0.000		The state of the s

ccident MT/1085312					
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bicy No.	5102969223-01	Vehicle No.	YP9237U	GST Registration No.	
ertificate No.					2011017221
licyholder Name	NEWAY SERVICES PTE LTD			Policyholder NR3C	201401580H
oduct Code	COMMERCIAL VEHICLE INSURAL	Cover Type	Preferred Workshop Plan	Loading	0
ntact No.(Mobile)	97613099	Contact No.(Office)	0	Contact No.(Home)	0
nell Address		Special Remark		eCode	a.v
K.	No ○ Yes	TCA	® No ○ Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
eport Date	21/02/2020 16:50	Accident Report Within 24 hrs.	Yes	Acadent Type	Collision - Change / Cross lane
its of Accident	19/02/2020	Time of Accident hh:mm	09:20	Country of Accident	Singapore
porting Centre		Orange Force		ICM No.	
ordent Location	MCE (AYE) BEFORE STRAITS BLVD EXIT				
F Total Excess Applicable	HEE (KIE) BEFORE STANTIS SENS ENTI				
		Windscreen Excess	100.00		
cess Type	Per Accident	Mildacreen Excess	375377		
Standard Excess	1,500.00	TP Standard Excess	0.00		
	0.00	YIED TP Excess		Driver is Covered?	
ED OD Excess	0.00				
iditional Excess		Total TP Excess Applicable			
tal OD Excess Applicable	1500.00	Total 14 Excess Applicable			
7 Benefits	4200				
GST Registered Informa			GST Registration Date	15/09/2017	
T Registered	Yes 201401580H		GST Status Verified	Yes	
T Registration No.	21/02/2020 16:51:14 5vi	tem changed GST Registered from N	lo to Yes		
dification History	21/02/2020 16-51-14 500	zem changed GST Registration No. fi tem changed GST Registration Date	rom null to 201401580H		
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	BLK 4878 #05-123	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 521487
Idress 1	BLK 4878 903-123		Singapore address	Post Code	521487
Idress 4		Address Type			F749(79)
Nt No.	05-123	Related Policy Number	5113420504		
OI Driver Info					
iver Name	Unnamed Driver	Driver Type	Unnamed Driver	0.4.4.000	08/03/1987
named driver Name	KASI SOUNDRAPANDIAN	Driver NRIC	GXXXX747N	Oriver DOB	
gister Date of Driver License	06/12/2017	Driver Age	32	Driving Experience	2
ontact No.(Mobile)	90390977	Contact No.(Office)	0	Contact No.(Home)	Ó
idress 1	BLK 4878	Address 2	TAMPINES STREET 45	Address 3	SINGAPORE 521487
daress 4		Address Type	Foreign address	Post Code	521487
	05-123	Address Type	Foreign address	Post Code	521487
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