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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.
- 5. 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

aforesaid.	
THE SAME STREET, STREE	ACCIDENT STATEMENT
Date Of Report	24/02/2020 11:11
Date Of Accident	24/02/2020 06:40
Exact Location Of Accident	CLEMENTI AVE 4 NEAR BLK 315
Country/State of Loss	SINGAPORE
Contract of the Contract of th	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBJ2757K
Insured/Policyholder	
Name Of Registered Owner	CLEANMAGE LANDSCAPE PTE. LTD.
Co Reg No	2XXXXX908E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66944906
Vehicle Particulars	
Manufacturer	TOYOTA
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5108240772
Cover Note Number	

Driver

 Name of Driver
 ONG KWEE KEE

 NRIC No
 SXXXX553E

 Date Of Birth
 24/05/1956

 Occupation
 OUTDOOR

 Date Of Driving Pass
 15/03/1978

Driving Experience 41 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98271997

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 303 CLEMENTI AVE 4 #05-511

Postcode 120303

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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? YES

Was any injured conveyed to hospital by

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

1

YES

NO

Number of Passengers (Including Driver)

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

I WAS TRAVELLING ALONG CLEMENTI AVE 4 WHILE APPROACHING BLK 315, SUDDENLY VEH B DASHED OUT FROM THE BLK 315 SERVICES ROAD AND HIT ONTO MY VEH RIGHT HAND SIDE.

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 SGK3450Z

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 INJURED PERSON 1

Name ONG KWEE KEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BODY

GBJ2757K

YES

NO

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 faise 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 long ment 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)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, discusse 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 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;
 - (d) 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) Inv 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.

Policerolaer's signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN NO.

I/We declare the foregoing particulars are true in every respect.

Date & Time:

SHARMC IPPLICATION AND INC. . P

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

Reporting Centre Personnel's Signature Name NRIC/FIN No.:

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				Certificate Number		GBJ2757K		GBJ2	Vehicle No.(For Motor)		
				1	Search						
Expiry Date	Commence Date	Insured Object	Vehicle No.	Cover Type	Product	Policyholder NRIC	Policyholder Name	Certificate Number	Policy No.	Select	
14/03/2020	15/03/2019	GBJ2757K	GBJ2757K	Comprehensive	GCV	201542908E	CLEANMAGE LANDSCAPE PTE, LTD.		5108240772	0	
				_	GCV		CLEANMAGE LANDSCAPE	Number	5108240772	0	

Claim Handling(accident reporting Claim Task) 2/24/2020 Claim Handling Accident MT/1085498 GST Registration No. 2015429088 Policy No. 5108240772 Vehicle No. GBJ2757K Certificate No. Policyholder NRIC Policyholder Name CLEANMAGE LANDSCAPE PTE, LTD. 201542908E Loading Product Code COMMERCIAL VEHICLE INSURA! Cover Type Comprehensive Contact No.(Home) Contact No.(Mobile) 66944906 Contact No.(Office) eCode No * ■ No ○ Yes TCA w No Yes eCode Reason NCD Entitlement(%) Private Hire NCD Protection **▽** Accident Details Accident Report Within 24 hrs Accident Type Collision - Major Minor Road Report Date 24/02/2020 11:32 Yes 24/02/2020 Time of Accident hin:mm 06:40 Country of Accident Singapore Reporting Centre Orange Force Accident Location CLEMENTI AVE 4 NEAR BLK 315 ▼ Total Excess Applicable Excess Type Windscreen Excess 100.00 Per Accident OD Standard Excess 0.00 600.00 Driver is Covered? Covered YIED TP Excess 0.00 YIED OD Excess 0.00 Additional Excess Total TP Excess Applicable Total OD Excess Applicable 600.00 0.00 **♥** Benefits **♥** GST Registered Information GST Registered **GST Registration Date** 01/08/2016 GST Registration No. 201542908E GST Status Verified Modification History ▼ Policyholder Mailing Address SINGAPORE 737856 Address 1 39 WOODLANDS CLOSE Address 2 #08-61 MEGA®WOODLANDS Address 3 Address Type Singapore address Post Code 737856 Address 4 5108240772-01 Related Policy Number Unit No. 10-27 OI Driver Info Unnamed Driver Unnamed Driver Driver Type Driver Name Driver NR3C Driver DOB 24/05/1956 Unnamed driver Name ONG KWEE KEE Register Date of Driver License 15/03/1978 Driver Age 63 Driving Experience 41 Contact No.(Home) Contact No.(Mobile) 98271997 Contact No.(Office) CLEMENTI MEADOWS Address 1 BLK 303 #05-511 Address 2 CLEMENTI AVENUE 4 Address 3 SINGAPORE 120303 Address Type Singapore address Post Code 120303 Unit No. 05-511 Does he own a Singapore Registered car? Driver Insurer Company Driver Vehicle No. Yes . No Declaration Breathalyser or Blood Test Reading? 0 mg Any injury? w Yes No Modification History Claim 001 New Insured | CLEANMAGE LANDSCAPE PTE, L Insured NRIC NAME | CLEANMAGE LANDSCAPE PTE, L INSURED NAME | CL 20154; Claim Type * OD-MX Contact Contact 93677582 Contact No.(Mobile) G8J2757K SGK34 Email Address Claim Description GB32757K / SGK3450Z ON 24 Feb 2020 Preferred Workshop Bonnick No. Finalisation Yes Preferenced Liability Not at Fault Preferred Workshop, Name uni Received Date Received 24/02/ 24/02/2020 11:35 Date Registered Report Taken By LIEW SHAN HUI Print AK letter Save Submit Attachment Accident No. MT/1085498 Upload Date 24/02/2020 11:36 Last Doc. Received * Yes B No Path * Category * Confidential Urgency * Desc v NO Normal Choose File No file chosen Clear Please Select 7 . * NO Choose File No file chosen Clear Please Select Normal Y NO ٠ Normal • Clear Choose File No file chosen Please Select . * Clear Please Select Y NO Normal Choose File No file chosen * NO . ٠ Choose File No file chosen Clear Please Select Normal

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