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Confirmed by : (Date:	Time:)			
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Owner / Driver: (Tel:)			
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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.
- 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

	ACCIDENT STATEMENT
Date Of Report	02/03/2020 14:05
Date Of Accident	29/02/2020 18:00
Exact Location Of Accident	AYE B4 ALEXANDRA EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SMK5648L
Insured/Policyholder	
Name Of Registered Owner	IVAN LIM FANG WEI
NRIC No	SXXXX347A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91509864
Alternative Phone No	OFFICE-91509864
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	SLK200
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	5108860050
Cover Note Number	

Driver

Name of Driver IVAN LIM FANG WEI
NRIC No SXXXX347A

 Date Of Birth
 07/08/1989

 Occupation
 INDOOR

 Date Of Driving Pass
 08/02/2018

Driving Experience 2 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-91509864

Fax Number

Contact Number OFFICE-91509864

EMail Address NOEMAIL

BLK 58 HAVELOCK RD #06-168 Address

Postcode 161058

NO Was driver an employee of the Insured's Company

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

Type Of Accident COLLISION - HEAD TO REAR

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 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.

Number of Passengers (Including Driver)

Passenger 1

NAME:

NO

2

: UNKNOWN

GENDER: : FEMALE

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 AYE BEFORE ALEXANDRA EXIT ON THE SECOND LANE, VEH INFRONT OF ME STOP, I ALSO APPLY MY BRAKE TO STOP, ALL OF A SUDDEN, I FELT AN IMPACT FROM BEHIND. AFTER THE INCIDENT, I ALIGHTED FROM MY VEH AND REALIZED VEH B FROM BEHIND COLLIDED ONTO MY VEH REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH DRIVER

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLM7833G

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

- 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.
- 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:

- (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.

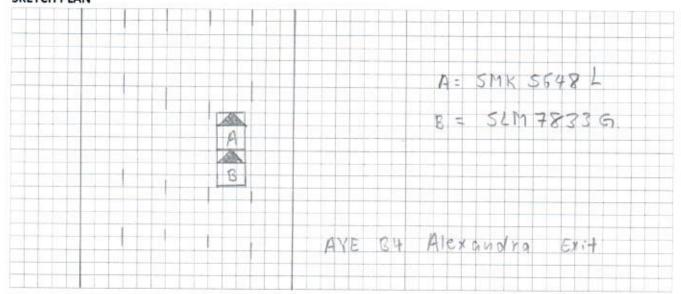
Policyholder's Signature

Date & Time:

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

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	4.	C1.4	
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DECLARATION

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

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Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

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Notice of Loss Policy No.					Date	of Accident		29/02/2020	14:02		
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5108860050		IVAN LIM FANG WEI	S8927347A	GPC	drivo CLASSIC	SMK5648L	SMK5648L	15/04/2019	14/04/2020

Claim Handling Accident MT/1096566 GST Registration No. 5108860050 Vehicle No. SMKS648L Certificate No. S8927347A Policyholder NRIC IVAN LIM FANG WEI Policyholder Name Cover Type drive CLASSIC Product Code PRIVATE CAR INSURANCE Contact No.(Office) Contact No.(Home) 91509864 Contact No.(Mobile) No * eCode Email Address Special Remark No Yes eCode Reason e No Yes TCA KFK Private Hire NCD Protection NCO Entitlement(%) 10 Collision - Head to Rear Report Date 02/03/2020 18:43 Accident Report Within 24 hrs Ves Accident Type Country of Accident Singapore Date of Accident 29/02/2020 Time of Accident hh: mm 18:00 ICM No. Orange Force Reporting Centre AYE B4 ALEXANDRA EXIT Accident Location **▽** Total Excess Applicable Windscreen Excess 100.00 Excess Type Per Accident 0,00 TP Standard Excess OD Standard Excess 1,500.00 Driver is Covered? Covered YIED OD Excess YIED TP Excess 0.00 Additional Excess Total TP Excess Applicable Total OD Excess Applicable 1500.00 0.00 ♥ Senefits ♥ GST Registered Information GST Registration Date **GST Registered** No GST Status Verified GST Registration No. Modification History Policyholder Mailing Address BUKIT HERAH VIEW Address 3 BUICT MERAH VIEW Address 1 BLK 128 #18-38 Address 2 Post Code 150128 SINGAPORE 150128 Address Type Singapore address Address 4 5108860050 Related Policy Number Unit No. 18-38 □ OI Driver Info IVAN LIM FANG WEI Driver Type Main Drive Driver Name Driver DOB 07/08/1989 Unnamed driver Name Driver NRIC 58927347A Driving Experience Register Date of Driver License Driver Age 08/02/2018 Contact No.(Home) Contact No.(Mobile) 91509864 Contact No. (Office) Address 2 BUKIT MERAH VIEW Address 3 BUKIT MERAH VIEW BLK 128 #19-38 Address 1 Post Code 150126 Singapore address Address 4 SINGAPORE 150128 Address Type 18-38 Unit No. Does he own a Singapore Registered car? ⊕ Yes ★ No Driver Vehicle No. Driver Insurer Company Declaration Breathalyser or Blood Test Reading? Any injury? Yes w No 0 mg Modification History Claim 001 New Insured IVAN LIM FANG WEI Insured NRIC 58927. OD-MX Claim Type * Contact No. 91509864 Contact No.(Mobile) OI Vehicle Number TP Vehicle Numbe SLM78 SMK5648L Email Address SMKS648L / SLM7833G ON 29 Feb 2020 0 Claim Description Preferred Insured Liability Not at Fault Workshop Boaulet No. Yes Finalisation ▼ GIA Received Preferred Workshop, Name unkn Date Received 02/03/: 02/03/2020 18:44 Date Registered LIEW SHAN HUI Report Taken By Print AK letter Save Submit Attachment Claim No. Accident No. MT/1086566 ® Yes □ No 02/03/2020 18:45 **Unload Date** Last Doc. Received Urgency * Category * Confidential * NO ▼ Normal * Clear Please Select Choose File No file chosen · NO * Normal Clear Please Select Choose File No file chosen * NO . Normal Choose File No file chosen Clear Please Select * NO Normal Clear Please Select Choose File No file chosen * NO Normal Clear Please Select Choose File No file chosen * NO ▼ Normal • Choose File No file chosen Clear Please Select Message Read

Attachment List

Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date		ile Name		Source	
♥ Video List							
	02 Mar	u. ASSESSMENT CENTRE SERVICES) o 2020 18:45	Photos		Normal	Photos 2020-3-2	
200	NAC_PAYA_UBI_800601(NATION/ 02 Mar	N. ASSESSMENT CENTRE SERVICES) o 2020 18:45	Photos		Normal	Photos 2020-3-2	
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Attachment	Upload	ied By/Date	Category	9	Urgency	Description	

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