NATIONAL Assessment Centre	Services.	[mrl Jan'03] .	MINA 1200	27936	<u> </u>	
Date In. 3/3/20 /6:35	Job description		Date &Time C		Done	by:
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Owner/Driver: (Tel:)	
Policy No: () Perio	d: ()	Cover Type: ()	
Confirmed by : (Date:	Time	:)	
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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.
- 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

AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	ACCIDENT STATEMENT
Date Of Report	03/03/2020 16:35
Date Of Accident	02/03/2020 21:45
Exact Location Of Accident	TOA PAYOH RISE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJY1729A
Insured/Policyholder	
Name Of Registered Owner	YIN WAI KIONG
NRIC No	SXXXX141G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94508683
Alternative Phone No	OFFICE-94508683
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	5112146438
Cover Note Number	
Driver	
Name of Driver	YIN WAI KIONG
NRIC No	SXXXX141G
manuscript a married or	00/00/4000

 Name of Driver
 YIN WAI KION

 NRIC No
 SXXXX141G

 Date Of Birth
 26/08/1968

 Occupation
 INDOOR

 Date Of Driving Pass
 07/08/1991

Driving Experience 28 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94508683

Fax Number

Contact Number OFFICE-94508683

EMail Address NOEMAIL

Address BLK 612 AMK AVE 4 #04-1139

Postcode 560612

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle -

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

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

2

Was any body injured in the Accident? NO

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)

Passenger 1 NAME: : 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 STOP AT THE TRAFFIC JUNC OF TOA PAYOH RISE, WHEN THE LIGHT TURN GREEN, I ENGAGED WRONG GREAR, AS THE RESULT, MY VEH REVERSED HIT ONTO VEH B FRONT 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 SLW181Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver CHNG AI NEE
NRIC/Passport Number SXXXX216D

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 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 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)

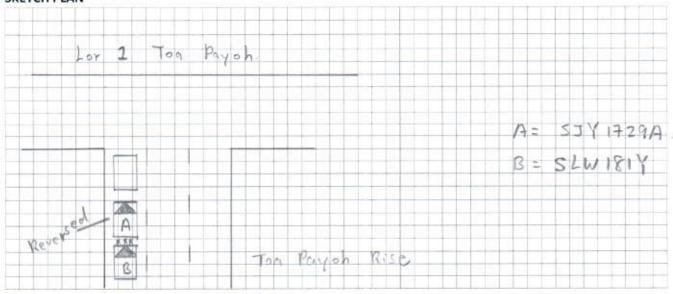
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to	Statement	

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.: 3/3/2020 Policy Search

eBao Tech							T. C.			Genera	alClaim
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Notice of Loss	Policy N	io.				Date	of Accident		02/03/2020	16:33	
	Vehicle No.(For Motor)		SJY172	SJY1729A		Certificate Number		r			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112146438		YIN WAI KIONG	S6832141G	GPC	drivo CLASSIC	SJY1729A	SJY1729A	24/08/2019	23/08/2020
				10000000		Continue					

Claim Handling

Accident MT/1086733							
	INSV/CINEDALS/		2000 Paris 1	GIATERE		MAN BUSINESS NO.	
Policy No.	5112146438		Vehicle No.	5JY1729A		GST Registration No.	
Certificate No.	100000000000000000000000000000000000000						
Policyholder Name	YIN WAI KIONG		1020 YORK 1870 Y			Policyholder NRIC	56832141G
Product Code	PRIVATE CAR INSURAN	NCE	Cover Type	drive CLASSIC		Loading	0
Contact No.(Mobile)	94508683		Contact No.(Office)			Contact No.(Home)	
Email Address			Special Remark			eCode	No T
KPK	■ No ○ Yes		TCA	e No Ves		eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	No
Accident Details	V					THOMPSON STATE	WCG-SHOP
Report Date	03/03/2020 17:02		Accident Report Within 24 hrs	Yes		Accident Type	Others
Date of Accident	02/03/2020		Time of Accident hhumm	21:45		Country of Accident	Singapore
Reporting Centre			Orange Force			ICM No.	
Accident Location	TOA PAYON RISE						
▼ Total Excess Applicable							
excess Type	Per Accident		Windscreen Excess		100.00		
OD Standard Excess		600.00	TP Standard Excess		0.00		
TED OD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
Additional Excess		0					
fotal OD Excess Applicable		600.00	Total TP Excess Applicable		0.00		
	lion						
ST Registered	No			GST Registrati	on Date	50000	
SST Registration No.				GST Status Ve	rified	Yes	
fodification History							
♥ Policyholder Mailing Add	ress		000.000.0000000000000000000000000000000				
Address 1	BLK 612 #04-1139		Address 2	ANG MO KIO AVENUE	EX.	Address 3	SINGAPORE 560612
Address 4			Address Type	Singapore address		Post Code	560612
Init No.			Related Policy Number	5113969097			
♥ OI Driver Info			Man I val de les de la Paris	201212000			
Driver Name	YIN WAI KIONG		Driver Type	Main Driver			
Jinnamed driver Name	The same of		Driver NRIC	56832141G		Driver DOB	26/08/1968
Register Date of Driver License	01/01/1994		Driver Age	51		Driving Experience	26
Contact No.(Mobile)	94508683		Contact No.(Office)	31		Contact No.(Home)	
Address 1			Address 2	ANG MO KIO AVENUE		Address 3	SINGAPORE \$60612
Address 1 Address 4	BLK 612 #04-1139		Address Type	Singapore address	3	Post Code	560612
Address 4 Unit No.			Publicas Type	arrivatione adoress		1 Val. 55940.	200014
Does he own a Singapore			0.000			7.55.00.000.000000000000000000000000000	
Registered car?	Yes No		Driver Vehicle No.			Driver Insurer Company	
Declaration							
Declaration Breathalyser or Blood Test Reading?	0 mg		Any injury?	⊕ Yes ⊛ No			
	0 mg		Any injury?	⊕ Yes ⊛ No			
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