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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.

- 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,	
	ACCIDENT STATEMENT
Date Of Report	04/03/2020 16:46
Date Of Accident	03/03/2020 23:30
Exact Location Of Accident	YISHUN AVE 1 BEFORE YISHUN DAM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMS2484U
Insured/Policyholder	
Name Of Registered Owner	JEANNIES BEK SOO KIANG
NRIC No	SXXXX158A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83183646
Alternative Phone No	OFFICE-83183646
Vehicle Particulars	
Manufacturer	VOLKSWAGEN
Model	POLO 1.4 GTI AT 6R19V7
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	5116396863
Cover Note Number	
Driver	
Name of Driver	TEO KOK YANG, DANIEL (ZHANG GUOYANG)
NRIC No	SXXXX158I

22/12/1983 Date Of Birth INDOOR Occupation 09/01/2020 Date Of Driving Pass 0 YEAR AND 1 MONTH Driving Experience MALE Gender Mobile Number (LOCAL) +65-97226687 Fax Number OFFICE-97226687 Contact Number EMail Address NOEMAIL

Address BLK 431D YISHUN AVENUE 1

#05-603

Postcode 764431

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured RELATIVE

Vehicle Registration Number of Driver's Own

Vehicle

12: 12: 12:

Insurance Company of Driver's Own Vehicle

ii vernoie

*

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

NO

3

Was any body injured in the Accident?

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)

Passenger 1

NAME:

100

GENDER: :

: MALE

Passenger 2

NAME:

. -

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

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

SKH3793C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Page 2 of 18

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 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.
- 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.
- 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)

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, 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

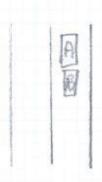
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



Vehicle A 2484U Vehicle B SKH 3793C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

0	n the	stated	Date	DV	No 6	o tim	CI
vehicl	e A	SMS 249	84 W	Was	Stat	JONY A.	+
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wy	Cat	that	5	911			

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.:

ACCIDENT STATEMENT

	LOCATION: YIShun Ave 1 Befo	re Yishan Dan
	1. DETAILS OF VEHICLE	
	alvehicle NUMBER SMS 2484	1
	BINSURANCE COMPANY: NTOC	
	C)POLICY NUMBER:	
	DIPOLICY TYPE: [COMPREHENSIVE / THIRD PA	RTY / THIRD PARTY FIRE ATHEFT
	e MAKE & MODEL: VW POIO GTI	The second second
	FITYPE: (SALOON / COUPE / MPV /VAN / LORI	PY / MOTOPOYCLE / OTHERS
	SIVEHICLE CATEGORY: [PRIVATE / COMMERC	TAL / MOTORCYCLE)
	h)PURPOSE OF USING AT ACCIDENT TIME:	Joing out
	HARE YOU CLAIMING UNDER YOUR OWN INS	
	IF NO, PLEASE STATE (THIRD PA O CLAIM / R	EPORTING ONLY)
	2. INSURED / POLICY HOLDER	VENERAL MANAGEMENT AND A STATE OF THE STATE
	AJNAME: Tan Chun Wen	(MOE / FEMALE)
	b) NRIC/FIN/PASSPORT: 58872006 6	CONTACT:83183646
	CIADDRESS: 222 TPY IOT 8 #00	7-711
	Spore 310222	
Mary J	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	DLDER
And of beston	3. DRIVER	
(Including da	DINRIC/FIN/PASSPORT: SP3411582	(M DE / FEMALE)
(03)	DINRIC/FIN/PASSPORT: SV 30 11 COT	
	CLANDRESS RIVINGID WILL A	CONTACT: 9722668
	CLAUDRESS DIK 4811) VISGON AVI	CONTACT: 9722668
Imale.	Spore 764431	# 05-603
	Spore 764431 "d)DATE OF BIRTH: 122 / 12 / 83 1(DD)	# 05-603
Imale.	Spore 764431 "d)DATE OF BIRTH: 122 / 12 / 83 1(DD) =)OCCUPATION: (INDOOR / OUTDOOR)	# 05-603
Imale.	Spore 764431 "d)DATE OF BIRTH: 122 / 12 / 83 1(DD) =)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE:	MM/YYYY)
Imale.	Spore 764431 "d)DATE OF BIRTH: 22 12 83 1(DD) =JOCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUR	MM/YYYY) ED'S COMPANY? (YES / NO)
Imale.	"d)DATE OF BIRTH: 22 / 12 / \$3 (DD) #JOCCUPATION: (INDOOR / OUTDOOR) #JYEARS OF DRIVING EXPRERIENCE: #WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT 5. d)WEATHER CONDITION: (CPDAR / RAINING /	ED'S COMPANY? (YES / NO
Imale.	Spore 764431 "d)DATE OF BIRTH: 22 / 12 / \$3 (DD) e)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT 5. d)WEATHER CONDITION: (COAR / RAINING / b)ROAD SURFACE: (DO) / WET / OTHERS	ED'S COMPANY? (YES /NO) H INSURED: Relative
Imale.	Spore 764431 "d)DATE OF BIRTH: 22 / 12 / \$3 (DD) =)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT 5. d)WEATHER CONDITION: (COAR / RAINING / b)ROAD SURFACE: (DOY / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO)	ED'S COMPANY? (YES /NO) H INSURED: Relative
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Imale.	Spore 764431 "d)DATE OF BIRTH: 22 / 12 / 33 (DD) =)OCCUPATION: (INDOOR / OUTDOOR) f)YEARS OF DRIVING EXPRERIENCE: 4. WAS DRIVER AN EMPLOYEE OF THE INSUR IF NO, RELATIONSHIP OF THE DRIVER WIT 5. d)WEATHER CONDITION: (COAR / RAINING / D)ROAD SURFACE: (DO / WET / OTHERS 6. WAS ANYBODY INJURED (YES / NO) 7. 0]REPORTED TO POLICE (YES / NO) IF YES. PLEASE STATE WHICH POLICE STATION	ED'S COMPANY? (YES / NO H INSURED: _ Religion VE
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My Desktop	Polic	cy Query									
Notice of Loss	Policy N	ło.				Date	of Accident	8	3/03/2020 2	3:30	
	Vehicle	No.(For Motor)	SM5248	34U		Certif	icate Number	1			
					1	Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5116396863		BEK SOO KIANG	57012158A	GPC	drivo CLASSIC	SMS2484U	SMS2484U	28/02/2020	27/02/202

▼ Endorsements Sequence Date of Endorsement			Endorsement Type Endo			Endorsement Status Endorsement		
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▶ Insure	ed Object: SMS2484U							
Unit No.	10-422	Relat Numi	ed Policy per	5116396863				
Address 4	SINGAPORE 470103		ess Type	Singapore addres	ss	Post Code	470103	
Address 1	BLK 103 #10-422	Addre	255 2	BEDOK RESERVO	DIR ROAD	Address 3	EUNOS VISTA	
	holder Mailing Address						(A	
Certificate Info								
Open Policy Info								
Co- nsurance Flag	No							
Agent	TECK WEI CREDIT PTE. LTD.	Agent Tel.	64650020	null	GST Flag	1		
Outside Singapore OD Excess	600	Outside Singapore TP Excess	0			Young	g/Inexperience Driver Excess	
dditional xcess	0	Premium	0					
xcess		Excess	2		Excess			
hird Party	0	Own damage	600		Windscreen	100		
xcess ype	Per Accident	All Claims Excess						
olicy sue Date	28/02/2020	Effective Date	28/02/202	0 00:00	Expiry Date	27/02/2021 2	3:59	
roduct lame	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N		
ddress	BLK 103 #10-422 BEDOK RES	ERVOIR ROAD E	UNOS VIST	A SINGAPORE 4701				
ertificate o.								
olicy No.	5116396863	Policyholder Name	JEANNIES	BEK SOO KIANG	Policyholder NRIC	S7012158A		

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			Salar Marian Control of the Control	Children Graden Auto-	
itcy No.	5116396863	Vehicle No.	SMS2484U	GST Registration No.	
rtificate No.					
icyholder Name	JEANNIES BEK SOO KIANG			Policyholder NRIC	57012158A
duct Code	PRIVATE CAR INSURANCE	Cover Type	drive CLASSIC	Loading	0
ntact No.(Mobile)	63183646	Contact No.(Office)	0	Contact No.(Home)	0
wil Address		Special Remark	12012	eCode	Nr. 🗸
(® No ○ Yes	TCA	® No ○Yes	eCode Reason	46-
D Protection	No	NCD Entitlement(%)	0	Private Hire	No
Accident Details					
port Date	04/03/2020 16:59	Academ Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	03/03/2020	Time of Accident hh:mm	23:30	Country of Accident	Singapore
parting Centre		Orange Force		ICM No.	
odent Location	YISHUN AVE & BEFORE YISHUN DAM				
Total Excess Applicable					
ess Type	Per Accident	Windscreen Excess	100.00		
		TP Standard Excess	0.00		
Standard Excess	600.00	VIED TP Excess		Driver is Covered?	
D OD Excess	2500.00	ATED 15 EXCESS		Differ of Control	
ditional Excess		Total Wil Europe Applicable			
rai OO Excess Applicable	3100.00	Total TP Excess Applicable			
Benefits	2,000				
GST Registered Informa			GST Registration Date		
T Registered	No		GST Status Verified	Yes	
T Registration No. diffication History				95(4)	
discassion reasony					
Policyholder Halling Ad	dress				
dress 1	BUK 103 #10-422	Address 2	BEDOK RESERVOIR ROAD	Address 3	EUNOS VISTA
dress 4	SINGAPORE 470103	Address Type	Singapore address	Post Code	470103
HE NO.	10-422	Related Policy Number	5116398063		
OI Driver Info	10-422	2014-000-00-00-00-00-00-00-00-00-00-00-00-0			
iver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	TED KOK YANG, DANIEL (ZHAN-	Driver NRIC	SXXXX158I	Driver DOB	22/12/1983
gister Date of Driver License		Driver Age	36	Driving Experience	0
intact No.(Mobile)	97226687	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BLK 431D	Address 2	YISHUN AVENUE 1	Address 3	VISTA SPRING @ YISHUN
dress 4	SINGAPORE 764431	Address Type	Singapore address	Post Code	764431
nit No.	05-603				
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