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TP Particulars: Veh No: 5K	B 1143 Z.	. INC()/Non-INC().		
Owner / Driver: (Tel:			
Policy No: () Perio	od: ()	Cover Type: (
Confirmed by : (Date:	Time:	P: 80-1009	//	
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		8) NTUC Addition				
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11.2735		Invoice dated	Fee	Charged	Principal	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 aforesaid.

aforesaid.	
发展的基本设置	ACCIDENT STATEMENT
Date Of Report	09/03/2020 13:52
Date Of Accident	22/02/2020 23:50
Exact Location Of Accident	BLK 219 TAMPINES ST 24 CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GV4801E
Insured/Policyholder	TO SHARE STATE OF THE PARTY OF
Name Of Registered Owner	TAN BATTERIES SERVICE
Co Reg No	5XXXX018D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94566479
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	L300
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5101781387-01
Cover Note Number	
Driver	
Name of Driver	TAN TECK CHAI
NRIC No	SXXXX974A
Date Of Birth	08/07/1960
Occupation	OUTDOOR
Date Of Driving Pass	27/08/1982
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94566479
Fax Number	
Contact Number	

NOEMAIL

Address

BLK 222 TAMPINES ST 24 #11-94

Postcode

521222

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

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)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

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 MY VEH TO CHECK TRAFFIC CLEAR BEFORE TURNING RIGHT, SUDDENLY VEH B FROM BEHIND OVERTAKE MY VEH FROM THE RIGHT SIDE 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

SKB1143Z

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

- 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.
- 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.
- 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.

TAN BATT SERVICES

Singer 34845 HP: 9456 8479 9487 216

Policyholder's Si Pature 280 9457

Date & Time:

Driver's Signature

(If driver is not the policyholder)

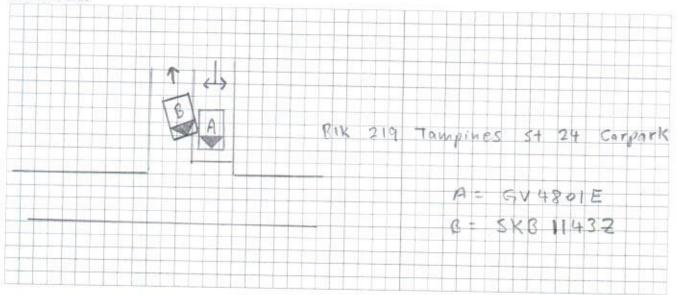
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

SKETCH PLAN



Refer	to Statement	

DECLARATION

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

JAH BATT TO SERVICES 139 Upp

ar Road

34845

Policyholder Dagnature/9, 9487 2993 Driver's Signature

Date & Time: Fax: 8280 9437

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

eBao Tech										Gener	alClaim
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Notice of Loss	Policy I	No.				Date	of Accident		22/02/2020	13:43	
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	•	5101781387- 01		TAN BATTERIES SERVICE	53133018D	GCV	Third Party	GV4801E	TOTAL SERVICE	27/06/2019	26/06/2020
						Continue	1				

Claim Handling Accident MT/1087446							
Policy No.	5101781387-01		Vehicle No.	GV4801E		GST Repletory	
Certificate No.			1000	STABLE		GST Registration No.	
Policyholder Name	TAN BATTERIES S	ERVICE				AND THE RESERVE AND THE PARTY OF THE PARTY O	
Product Code	COMMERCIAL VEH	ICLE INSURAL	Cover Type	Third Party		Policyhalder NRIC	53133018D
Contact No.(Mobile)	94565479		Contact No.(Office)	Third Party		Loading	0
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кек	No O Yes		TCA	The Control		eCode	No Y
NCD Protection	No		NCD Entitlement(%)	■ No □ Yes		eCode Reason	
♥ Accident Details	950		inco engliement(%)	15		Private Hire	No
Report Date	09/03/2020 15:45						
Date of Accident	22/02/2020	28	Accident Report Within 24 hrs	Yes		Accident Type	Side Swipe
Reporting Centre	22/02/2020		Time of Accident hh;mm	23:50		Country of Accident	Singapore
Accident Location	BLV 310 TANDONS		Orange Force			ICM No.	
▼ Total Excess Applicable	BLK 219 TAMPINES	ST 24 CARPARK					
Excess Type							
EXCESS Type	Per Accident		Windscreen Excess		0.00		
OD Standard Excess		2.44	Parameter				
YIED OD Excess		0.00	TP Standard Excess		0.00		
Additional Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
Total OD Excess Applicable							
♥ Benefits		0,00	Total TP Excess Applicable		0.00		
	SWE WILL						
♥ GST Registered Informa	tion						
ST Registered	,	No		GST Registrat	on Date		
ST Registration No.		4 14 10 10 10 10 10 10 10 10 10 10 10 10 10		GST Status Ve	rified	Yes	
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Policyholder Mailing Add	iress						
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ddress 4	The second second		Address Type	SINGAPORE 534845		Address 3	
nit No.			Related Policy Number	Singapore address		Post Code	534845
♥ OI Driver Info			weated roley number	5101781387-01			
river Name	Unnamed Driver			201001000000000000000000000000000000000			
nnamed driver Name	TAN TECK CHAI		Driver Type	Unnamed Driver			
egister Date of Driver License	27/08/1982		Driver NRIC	SXXXX974A		Driver DOB	08/07/1960
ontact No.(Mobile)			Driver Age	59		Driving Experience	37
	94566479		Contact No.(Office)			Contact No.(Home)	
dress 1	BLK 222 #11-94		Address 2	TAMPINES STREET 24		Address 3	SINGAPORE 521222
ddress 4			Address Type	Singapore address		Post Code	521222
rit No.	11-94						
oes he own a Singapore egistered car?	💮 Yes 🌸 No		Driver Vehicle No.			Driver Insurer Company	
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						Vehicle GV48016 Number	Vehicle s
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thick No. Yes	* Repair	Preferred Workshop, N		*			
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Claim Handling(accident reporting Claim Task)

	Uploaded By/Date	Folder Date	File	Name		9	Source	
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1	NAC_PAYA_UBI_B00601(NATIONAL 09 Mar 2	ASSESSMENT CENTRE SERVICES) o 020 15:49	Photos		Normal	Pho	tos 2020-3-9	
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9	NAC_PAYA_UB1_800601(NATION 09 Mar	AL ASSESSMENT CENTRE SERVICES) o 2020 15:50	SAS		Normal	,	AS 2020-3-9	
TET SPINS	NAC_PAYA_UBI_800601(NATION 09 Mar	AL ASSESSMENT CENTRE SERVICES) o 2020 15:50	NR3C/ Driving License	٧	Normal	NRIC/ Dr	ving License 2020-3-9	
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