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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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy (lability.
- 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.
- 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.
- 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

09/03/2020 16:18

Date Of Accident

05/03/2020 16:45

Exact Location Of Accident

ALONG COMMONWEALTH AVENUE WEST

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLQ6653U

Insured/Policyholder

Name Of Registered Owner

TW PREMIUM AUTOMOBILE PTE LTD

Ca Reg No

2XXXXXX430G

Email Address

MTHAMCE@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97430334

Alternative Phone No.

OFFICE-97430334

Vehicle Particulars

Manufacturer

MAZDA

Model

3

Exact Purpose for which vehicle was being used at

time of accident

WORKING PURPOSES

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

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5101761134-01

Cover Note Number

Driver

Name of Driver

ABDOL SALAM BIN T A RAHMAN @ ABDUL BIN ABDURRAHMAN

NRIC No

SXXXX748J

Date Of Birth Occupation 08/11/1948

Date Of Driving Pass

OUTDOOR

Driving Experience

24/09/1979 40 YEARS AND 5 MONTHS

Gender

ina (Samileon)

SHEET IN THE

MALE

Mobile Number

(LOCAL) +65-97430334

Fax Number

Contact Number

OFFICE-97430334

EMail Address

MTHAMCE@GMAIL.COM

Address

BLK 251 BANGKIT ROAD

#05-368

Postcode

670251

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

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)

1

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

PLEASE REFER TO SKETCH PLAN

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

SMS4184Y

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NATALIE VERONIQUE BINKIN

NRIC/Passport Number

Contact Number

88236030

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.
- 3. 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.
- 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. 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:

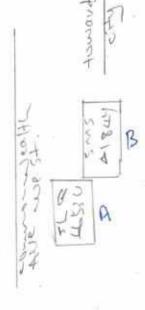
- My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal 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)
 - (I) 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.

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

Date & Time:

SKETCH PLAN

COMMONWARM AVANUE WHOSE



B) SLQ 6653U B) SM3 41844

SCRIBE CIRCUMSTAN	CES OF THE ACCIDENT
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DECLARATION

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

Date & Time

Driver's Signature

(If driver is not the policyholder)

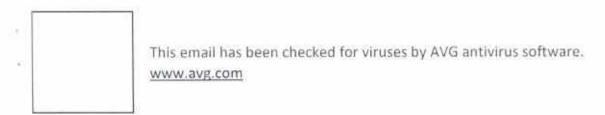
Date & Time:

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

Email: <u>Sm@lidac.com.52</u> Tel no: 6555 6888 Fax no: 6454 3279

Personal Particulars of Owner & Driver (Vehicle A) Date of Accident 05 / 63 / 2020 (dd/mm/yy) Time of Accident: 46: 45 (24-HR-FORMAT) Vehicle No.: SLQ6653 U Vehicle Make & Model: Mazda 3 Exact location of Accident: Common Weath Avenue West Policyholder's Name / IC No.: /W Driver's Name/ICNo.: 51006748J Driver's Contact No.: 97430 334 Company Contact No: Email address (if any): wthqmcfc Gr gmail . com Insurance Company: Relationship between Owner & Driver: (Please CIRCLE one only) Owner / Spouse / Children / Friend / Parents / Sibling / Relative / Employee / Children of Others specify: What do you wish to claim? (Please TICK one only) Own Insurance / Other Vehicle (The one you want to claim against) / Reporting (For Record Purpose) Exact purpose for which the vehicle Was being used at time of accident? Occupation (nature of job) Indoor/ Outdoor Private use / Work purpose No. of Passengers (Including Driver); Weather condition & Road conditions? (On the day of accident) Clear & Dry / Raining & Wet / After-Rain & Wet / Drizzling & Wet / Others: Was there any video captured by your Car Camera? Yes / No Any Injuries: Yes / No (If YES) Injured Person' Name: Injured Person in Which Vehicle: Injuries Sustain: Police Report filed: Yes/ No (If YES) Which Police Station: The Other Party(s) Details: 1. Driver's Name/ICNo: Natalie Veronique Binkin Vehicle No: 5MS41847 Driver's Contact No: 8823 6030 Insurance Company (If any): 2. Driver's Name / IC No: Vehicle No: Insurance Company (If any): ___ Driver's Contact No: *Independent Witness (If Any): _____ Contact No: Preferred Workshop Name: Contact No:

^{*}If no proper documents are produced, IDAC about one file the report. Information will be discarded after one week.



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This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

rsbm

From:

ODsupport <ODsupport@income.com.sg>

Sent:

Tuesday, 10 March, 2020 7:48 AM

To:

rsbm

Cc:

ODsupport

Subject:

RE: MT/1087390 SLQ6653U

Dear Rosli,

Thank you for your email.

Please quote the claim no: MT/1087390-001 when billing.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines (PL)
7+65 6430 7902
www.income.com.sg



At Income, we are 'In with You' on Performance Innovation and Impact. These attributes reflect was an employer and what we want our people to Find out more at income.com.sg/careers

PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

From: rsbm [mailto:rsbm@lkkauto.com] Sent: Monday, 9 March 2020 4:58 PM

To: Theresa Vimala D/O Balagangadharan < thrsvim.bala@income.com.sg>

Cc: ODsupport <ODsupport@income.com.sg>

Subject: MT/1087390 SLQ6653U

Hi the above mention claim cannot create ebao thanks.

Thanks & Best Regards,

ROSLI WAHAB

NACS Bukit Merah Tel: 6898 0055

Fax: 6271 8802

Email: rsbm@lkkauto.com

Continue

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