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## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

EMail Address

- 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.

	ACCIDENT STATEMENT
Date Of Report	13/03/2020 12:52
Date Of Accident	12/03/2020 14:30
Exact Location Of Accident	BLK 142 JLN BUKIT MERAH OPEN CARPARK
Country/State of Loss	SINGAPORE
A STATE OF THE PARTY OF THE PAR	ETAILS OF OWN VEHICLE
Vehicle Registration Number	PC4746A
Insured/Policyholder	
Name Of Registered Owner	MING CHUAN TRANSPORTATION & COACH SERVICE
Co Reg No	5XXXX236M
Email Address	MINGCHUANTPTN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90031669
Alternative Phone No	OFFICE-87581958
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5109198982
Cover Note Number	
Driver	
Name of Driver	YAP ENG CHEW
NRIC No.	SXXXX551F
Date Of Birth	29/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/07/1979
Driving Experience	40 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87581958
Fax Number	
Contact Number	

MINGCHUANTPTN@GMAIL.COM

Address

BLK 6 TELOK BLANGAH CRESCENT

#12-428

Postcode

090006

Was driver an employee of the Insured's Company YES

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

COLLIDED INTO PARKED VEHICLE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

ambulance?

NO

Was any other material or property damaged?

YES

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

SJL4354X

Vehicle Make/Model/Colour

SUZUKI

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

87310581

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# SKETCH PLAN

# IMPORTANT NOTICE

- 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 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

- (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:
  - (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.

MING CHUAN TRANSPORTATION AND COACH SERVICE

Policyholder's Signature

Date & Time: /3/3/20 10.50 mm

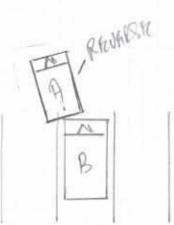
Driver's Signature

(If driver is not the policyholder)

Date & Time:

orting Centre P

NRIC/FIN No.:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VAN PC 4746A INTO A CARPBRE TOWN I ACCIDENTACE
HIT & CAR SILY354X WHICH WAS PARKED IN A PARKEDING WAS IN SO I LEFT A MOTE ON THE CAR
WILLOSCRAMA THON ALL.
ECLADATION

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

MING CHUAN TRANSPORTATION

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel sign Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: (12 03) 3.000 (DD/MM/YYY), TIME: (14 30) (HH:MM)
LOCATION: PSK 142 JUNI BUIKIN MARON OPEN CARPORE
DETAILS OF VEHICLE  GIVEHICLE NUMBER: PC 4746 A  DINSURANCE COMPANY: NTUC  GIPOLICY NUMBER: 5/09/98982-00001/
O)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT)  O)MAKE & MODEL: TOYOTA HACE  (SALOON / COUPE / MPV (VAN / LOPRY / MOTOR OVER THE ATTENT)
I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM A PERCENTION
2. INSURED / POLICY HOLDER  A) NAME: Ming Chuon franspotution of [MALE / FEMALE]  b) NRIC/FIN/PASSPORT: 53027236m CONTACT: 9005/667  c) ADDRESS: B// 263 /IShun of 22 11-172
HNO of passones DRIVER DRIVER ALSO POLICY HOLDER
(Including driver) diname: TAP ENG CHEW.    MALE / FEMALE    DINRIC/FIN/PASSPORT: SI276-ET//F CONTACT: 8758/758    Claddress: 24KC / 12# 428 7610K 3/21/34 Crescent
*d)DATE OF BIRTH: (29 / OLT 1958 )(DD/MM/YYYY)  e)OCCUPATION: (INDOOR / OUTDOOR)  1)DATE OF DRIVING PASC
IF NO, RELATIONSHIP OF THE DRIVER WEST COMPANY? (YES / NO)
5. DIWEATHER CONDITION: (CLEAR)/ RAINING / OTHERS
HE YES, PLEASE STATE WHICH POLICE STATION:
( ) VEHICLE NUMBER: STL 4354 X MODEL: SUZUKI  ( Induding driver ) b) DRIVER'S NAME:  ( ) NRIC/FIN/PASSPORT: CONTACT: 87310581
Who of passanger of VEHICLE NUMBER:MODEL:
(

email = Ming chuantptn @ Gmmil - Com.



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187 P. S	ffective Date of Insurance			Aav 2019			
	xpiry Date of Insurance			Aay 2020			
	ersons or Classes of Perso	ns entitled to drive*	11	1020			
	a) The Policyholder.	The state of the s					
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02 102	the Motor Vehicle or h enactment or regulation	on driving is permitted in a las been so permitted and i on in that behalf from drivin	s not disqua	with the licensing or other laws or regulations to drive lifted by order of a Court of Law or by reason of any r Vehicle.			
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HIRE P	URCHASE COMPANY	: HONG LEONG FIN	ANCE LIMI	TED			
SUM INSURED : MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS							
Vehici Agenc	es (Third Party Risks and C y : AUTO		189) and P	sued in accordance with the provisions of the Motor art IV of the Road Transport Act, 1987 (Malaysia)  or NTUC INCOME INSURANCE CO-OPERATIVE LIMITED			
Count	ersigned By:	Authorised Officer		Chief Executive			

eBaoTech GeneralClaim Hello, NAC\_BUKIT\_MERAH\_800676 · Change Language + Change Password . Log Out My Desitop Policy Query Nutice of Loss Palicy No. 5109198982 Date of Accident 12/03/2020 12:51 Vehicle No. (For Motor) PC4746A Certificate Number Sewich Certificate Number Policyholder Name Policyholder Product Cover Type Select Policy No. Insured Object Vehicle No. Commence Expiry Date MING CHUAN
TRANSPORTATION 53027236M GFM Comprehensive PC4746A PC4746A 13/05/2019 12/05/2020
SERVICE 5109198982 5109198982-000011 Continue