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Owner / Driver: (	-1-11-9		Tcl:	)	
Policy No: ( ) Pario	od: (	)	Cover Type: (	)	
Confirmed by : (		Date:	Tlme:	)	
Insured/Driver Liability: ( %) [No	ote-Est. Status (	WO): N: 0-20	)%; P: 21-79%. P: 80-	100%]	+
Year of Registration: ( ' ) Wi	arranty: YES (	)/NO(	)		
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#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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 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.	and the area and a second and the control and to copied or and report being made a tandade
	ACCIDENT STATEMENT
Date Of Report	17/03/2020 16:11
Date Of Accident	17/03/2020 11:05
Exact Location Of Accident	CHUN TIN RD
Country/State of Loss	SINGAPORE
to the second of	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH5669Y
Insured/Policyholder	
Name Of Registered Owner	NAM FANG CO PTE LTD.
Co Reg No	1XXXXX992N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63447496
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA
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	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	5101983309-01
Cover Note Number	
Driver	
Name of Driver	SAHADAT
NRIC No	GXXXX888T
Date Of Birth	09/07/1995
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2019
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85919244
Fax Number	

NOEMAIL

Address

BLK 28 TOH GUAN EAST #12-15

Postcode

608596

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

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

## **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

MY LORRY WAS PARKED AT THE CHUN TIN RD, WHILE REVERSING, MY LORRY REAR LEFT ACCIDENTALLY HIT ONTO VEH B REAR RIGHT 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

SLE9201J

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**

- 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 <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.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

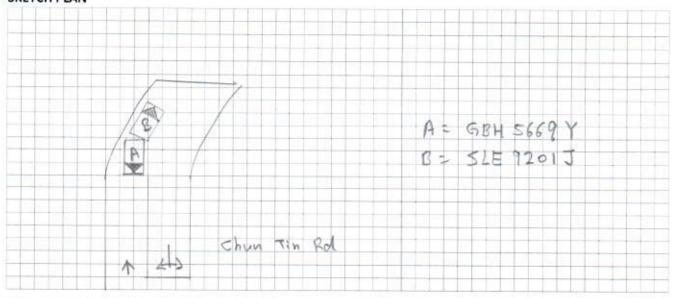
NRIC/FIN No.:

Policyholder's Signature Date & Time

GIARMC SketchPlanForm, V3.

ne: NRIC/FII

### SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	to	State ment	

# 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:

3hert

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



# **Certificate of Insurance**

Certificate Number: 5101983309-01  Index mark and Registration Numb Chassis Number  Name of Policyholder  Effective Date of Insurance Expiry Date of Insurance Persons or Classes of Persons entit	er of Vehicle	Cover : Preferred Workshop Plan : GBH5669Y
Chassis Number  Name of Policyholder Effective Date of Insurance Expiry Date of Insurance	er of vehicle	, GBN30031
Name of Policyholder     Effective Date of Insurance     Expiry Date of Insurance		: JTFAT35Y70K210599
Effective Date of Insurance Expiry Date of Insurance		: NAM FANG CO PTE LTD.
Accept		: 11 Jul 2019
. Persons or Classes of Persons entit		: 10 Jul 2020
	led to drive#	
(a) The Policyholder.		
(b) Any other person who is driving	g on the Policyhold	er's order or with his/her permission.
enactment or regulation in tha . Limitations as to Use#	t behalf from drivin	
		d in connection with the Policyholder's business or profession.
	gers or goods in con	nection with the Policyholder's business.
his Policy does not cover		
(a) Use for hire or reward.	aliability trial or con	and teating
(b) Use for racing, pace-making, re		ed-testing. any one disabled mechanically propelled vehicle.
# Limitations rendered inoperati	ive by Section 8 of t	he Motor Vehicle (Third Party Risks and Compensation)
		he Motor Vehicle (Third Party Risks and Compensation) sport Act, 1987 (Malaysia), are not to be included under these
Act (Chapter 189) and Section headings.		
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Act (Chapter 189) and Section headings. XCESS (SECTION 1) XCESS (SECTION 2)	95 of the Road Tran	
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Act (Chapter 189) and Section headings. XCESS (SECTION 1) XCESS (SECTION 2) VINDSCREEN EXCESS	95 of the Road Tran  : \$\$600 : N/A : \$\$100 : YES : HL BANK	

**Authorised Officer** 

**Chief Executive** 

## Claim Handling

Policy No. Certificate No.					
	5101983309-01	Vehicle No.	GBH5660V	GST Registration No.	
Policyholder Name	NAM FANG CO PTE LTD.			Policyholder NRIC	197501992N
Product Code	COMMERCIAL VEHICLE INSURAF	Cover Type	Preferred Workshop Plan	Loading	0
Contact No.(Mobile)	63447496	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No V
KFK	No ○ Yes	TCA	■ No 🔾 Yes	eCode Reason	
NCD Protection	No	NCO Entitlement(%)	0	Private Hire	No
Accident Details	***	COOCH, PROJECT CONTROL CONTROL	161		
Report Date	17/03/2020 16:46	Accident Report Within 24 hrs	Yes	Accident Type	Collided into Parked Vehicle
Date of Accident	17/03/2020	Time of Accident hh:mm	11:05	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CHUN TIN RD				
♥ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	100.00		
OD Standard Excess					
VIED OD Excess	600.00	TP Standard Excess	0.00	work to be a support of the support	
Additional Excess	1000.00	VIED TP Excess	0.00	Driver is Covered?	Covered
Total OD Excess Applicable	1600.00	Salari TD Farmers Applicable	2/204		
▼ Benefits	1600,00	Total TP Excess Applicable	0.00		
	tion				
GST Registered Informat	Yes		GST Revisitation Pate	81000000	
GST Registration No.	M200229061		GST Registration Date GST Status Verified	01/04/1994 Yes	
Modification History	17/03/2020 16:48:56 5	stem changed GST Registered from No to	Yes	7 100	
	17/03/2020 16:48:56 St	stem changed GST Registration No. from r stem changed GST Registration Date from	null to M200229061		
▼ Policyholder Mailing Add	ress				
Address 1	290A 300 CHIAT ROAD	Address 2	SINGAPORE 427542	Address 3	
Address 4		Address Type	Singapore address	Post Code	427542
Unit No.		Related Policy Number	5111679107		
♥ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Unnamed driver Name	SAHADAT	Driver NRIC	GXXXXBBBT	Driver DOB	09/07/1995
Register Date of Driver License	21/01/2019	Driver Age	24	Driving Experience	1
Contact No.(Mobile)	85919244	Contact No.(Office)		Contact No.(Home)	
Address 1	28 TOH GUAN ROAD EAST	Address 2	#12-15 WESTLITE TOH QUAN D	Address 3	SINGAPORE 608596
Address 4		Address Type	Singapore address	Post Code	608596
Unit No.	12-15				
Does he own a Singapore Registered car?	⊕ Yes ⋅ No	Driver Vehicle No.		Driver Insurer Company	
Declaration					
Breathalyser or Blood Test	0 mg	Any injury?	Yes • No		
Reading?		1155			
100 mag 200 mg 1 mg					
Addification History					
Claim 001 New					
U DH B					
Claim 001 New			оо-нх	* Insured NAM FANG CO PTE	LTD. Insured 19750:
Claim 001 New			оо-нх	Contact	Contact [19750]
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Uploaded By/Date

Folder Date