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Owner / Driver: (	LF6764R	, INC(	)/Non-INC( )		**
Policy No. /	1.1		Tel:	)	
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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.	
and a supplied the state of the	ACCIDENT STATEMENT
Date Of Report	19/03/2020 16:53
Date Of Accident	16/12/2019 22:30
Exact Location Of Accident	ALONG ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGR778L
Insured/Policyholder	
Name Of Registered Owner	LT AUTO
Co Reg No	5XXXX977K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98890085

Vehic	cle P	arti	cul	ars
-------	-------	------	-----	-----

Manufacturer HONDA STREAM

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY PRIVATE CAR Vehicle Category

## Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy YES

Policy Number 5108238503

Cover Note Number

#### Driver

Name of Driver VICKRAMAN S/O SAMADARMAN

NRIC No SXXXX801E Date Of Birth 06/06/1971 Occupation OUTDOOR Date Of Driving Pass 01/01/2003

Driving Experience 16 YEARS AND 11 MONTHS

Mobile Number (LOCAL) +65-91726913

Fax Number

Contact Number

EMail Address RICKY.V.DARMA@GMAIL.COM

BLK 605 ANG MO KIO AVE 5 Address

#10-2713 560605

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

Postcode

Insurance Company of Driver's Own Vehicle

2

NO

NO

YES

NO

NO

NO

1

#### General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions CLEAR DRY Road Surface

#### Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

## Circumstances of Accident

I WAS TRAVELLING STRAIGHT ALONG ANG MO KIO AVE 1 ON THE 2ND LANE OF A3-LANES RD.INFRT OF MY VEH STOP AT THE RED TRAFFIC LIGHT JUNC AND I FOLLOWED SUIT BUT MY VEH DIDN'T STOP COMPLETELY AND HIT THE REAR PORTION OF VEH B.

# Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

# **DETAILS OF OTHER VEHICLE PROPERTY 1**

SLF6764R Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

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.
- 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.

Policyholder's Signatur

Date & Time:

Driver's Signature

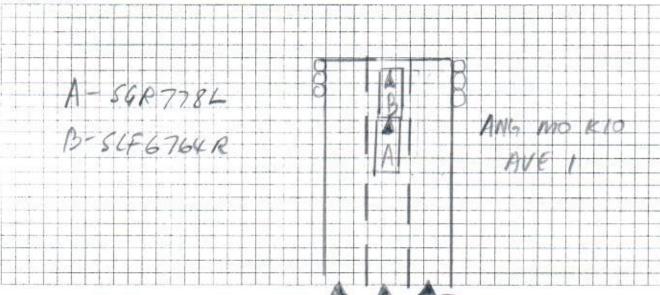
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refu to the statement.	

DECLARATION

I/We deplare 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

Myu 19 loz/20

Name:

NRIC/FIN No.:



# GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

# **ADDENDUM**

	Original Report No:	MNA120034577	Vehicle Registration No:SGR778L
	Name(as shownin NRIC) :	VICKRAMAN S/O SAMADARN	MANRIC/FIN/Passport No : SXXXX801E
	(*Vehicle Driver / Ve	hicle Owner) (*) Please delete as ap	propriate
0000	Address :	BLK 605 ANG MO KIO AVE 5	#10-2713Singapore( 560
	Contact (Tel) :		_Mobile No.: 91726913
	Email Address :		
	Date of Accident :	16-12-2019	_Time of Accident : 22:30
	Place of Accident :	ALONG ANG MO KIO AVE 1	
	Insurance Company:	NTUC	
	ADDITIONAL INFORM	MATION / AMENDMENTS:	
	make the following a	mendments:	and would like to include additional information
	NOTE INTO CONTROL OF THE PROPERTY OF	mendments:	and would like to include additional information
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**eBao**Tech

GeneralClaim

Hello, NAC\_PAYA\_UBI\_800601

· Change Language

Change Password

My Desktop Notice of Loss **Policy Query** 

Policy No.

Vehicle No.(For Motor)

SGR778L

5108238503

Date of Accident Certificate Number 16/12/2019 10:56

Search

Select Policy No. 5108238503

Certificate Number 5108238503-000012

Policyholder Name LT AUTO

Policyholder Product Cover Type Vehicle No. 53394977K GFM Third Party, SGR778L SGR778L 09/12/2019 14/03/2020

Insured Object

Commence Expiry Date

Continue

# Claim Handling Accident MT/1085653

Accident MT/1085653					
Policy No.	5108238503	Vehicle No.	SGR778L	GST Registration No.	
Certificate No.	5108238503-000012				
Policyholder Name	LT AUTO			Policyholder NRIC	53394977
Product Code	FLEET MASTER INSURANCE	Cover Type	Third Party, fire & Theft	Loading	D
Contact No.(Mobile)	NA.	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No T
KFK	« No Yes	TCA	w No Yes	eCode Reason	100
NCD Protection	No	NCD Entitlement(%)	0	Private Hire	Not availab
				10.13849-7-703	1305,0100
Report Date	24/02/2020 19:16	Accident Report Within 24 hrs	Yes	Accident Time	Collision
				Accident Type	Collision - I
Date of Accident	16/12/2019	Time of Accident hin:mm	21:55	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ANG MO KIO AVENUE I JUNC OF T	AJ HWAN CRESCENT			
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess	0.00		
		22 002			
OD Standard Excess	0.00	TP Standard Excess	1,500.00		
YIED OD Excess		YIED TP Excess		Driver is Covered?	Not Applica
Additional Excess					
Total OD Excess Applicable	0.00	Total TP Excess Applicable	1,500.00		
▼ Benefits					
<ul> <li>GST Registered Informat</li> </ul>	tion				
GST Registered	No		GST Registration Date		
GST Registration No.			GST Status Verified	Yes	
Modification History					
→ Policyholder Mailing Add					
Address 1	317 OUTRAM ROAD	Address 2	#B1-34 CONCORDE SHOPPING	Address 3	SINGAPOR
Address 4		Address Type	Singapore address	Post Code	169075
Unit No.	81-34	Related Policy Number	5109428707		
♥ OI Driver Info					
Driver Name		Driver Type			
		Driver NRIC		Driver DOB	
Unnamed driver Name					
				Orlying Experience	
Register Date of Driver License		Driver Age		Oriving Experience Contact No.(Home)	
Register Date of Driver License Contact No.(Mobile)		Oriver Age Contact No. (Office)		Contact No.(Home)	
Register Date of Driver License Contact No.(Mobile) Address 1		Driver Age Contact No.(Office) Address 2	Foreign address	Contact No.(Home) Address 3	
Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	Yes * No	Oriver Age Contact No. (Office)	Foreign address	Contact No.(Home)	
Address 1 Address 4 Unit No. Does he own a Singapore Registered car?	Yes + No	Driver Age Contact No. (Office) Address 2 Address Type	Foreign address	Contact No.(Home) Address 3 Post Code	
Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Modification History  Claim 002 OD-MX  New	Yes • No	Driver Age Contact No. (Office) Address 2 Address Type		Contact No. (Home) Address 3 Post Code Driver Insurer Company	15
Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car?  Nodification History  Claim 002 OD-MX  New	Yes = No	Driver Age Contact No. (Office) Address 2 Address Type	Foreign address  OD-MX	Contact No.(Horne) Address 3 Post Code  Driver Insurer Company  Insured Name  LT AUTO	Ni Ni
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Message Read

Attachment	Uploade	d By/Date	Category	9	Urgency	Description
		ASSESSMENT CENTRE SERVICES) on 020 11:19	NRIC/ Driving License	Y	Normal	NREC/ Driving License 2020-3-20
e4 **		ASSESSMENT CENTRE SERVICES) on 020 11:19	NRIC/ Driving License	Y	Normal	NRIC/ Driving License 2020-3-20
60		ASSESSMENT CENTRE SERVICES) on 020 11:19	SAS		Normal	SAS 2020-3-20
1		ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
THE		ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
J		ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
1	NAC_PAYA_UBI_800601( NATIONAL 20 Mar 2	ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
4		ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:19	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
4		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
		ASSESSMENT CENTRE SERVICES) on 020 11:18	Photos		Normal	Photos 2020-3-20
Video List						

Display in New Window Scan and uploading