NATIONAL Assessment Centr	e Services	we! Jan'05] AA		1	
Date In: 21/3/20-17:03	Jeb description		Date &Time Completed	Done	by:
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D.O.A: 2/3/20-08:4	i-Motor Clair		M7/1089459-001	यावाक ह	2:21
		(Within: OD 2hrs			
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	Assessment/Su				
TP Insurer:			Owner/Wksp		.,
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Owner / Driver: (134	, 11,01	Tel:)	
	riod: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	Note-Est. Status (V	VO): N: 0-20)%; P: 21-79%. P: 80-	100%]	- U2 40°
Year of Registration: ()	Warranty: YES ()/NO()		MENE 168
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() Total Loss Case : to e-mail Insure		- 100000000			
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Apply for Transport Allowance ()/C QC Check / Post Repair Inspection	Courtesy Car ()	Date&Time Completed	Done	by
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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 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.	to the copies of the decision of this report at the centre and to copies of the report being made available.	Hable
Allertan Sections	ACCIDENT STATEMENT	
Date Of Report	24/03/2020 17:03	
Date Of Accident	24/03/2020 08:45	
Exact Location Of Accident	JLN EMPAT OPEN SPACE CARPARK	
Country/State of Loss	SINGAPORE	
The same of the sa	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMD2402K	
Insured/Policyholder		
Name Of Registered Owner	SIM YEOW SENG CHRISTOPHER	
NRIC No	SXXXX646J	
Email Address	NOEMAIL	
Mobile Phone No	(LOCAL) +65-90309023	
Alternative Phone No	OFFICE-90309023	

Vehicle Particula	lars
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Manufacturer HONDA

Model STREAM 1.8L A

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

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 PRIVATE CAR

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5104712679-01

Cover Note Number

Driver

Name of Driver SIM YEOW SENG, CHRISTOPHER

 NRIC No
 SXXXX646J

 Date Of Birth
 03/08/1953

 Occupation
 INDOOR

 Date Of Driving Pass
 29/11/1974

Driving Experience 45 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90309023

Fax Number

Contact Number OFFICE-90309023

EMail Address NOEMAIL

238 TEMBELING ROAD

#02-06

Postcode 423722

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

3

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Address

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

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

YES

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?

NO

NO

If Yes, against whom?

Circumstances of Accident

ON STATED DATE AND TIME, AS I WANTED TO EXIT THE CARPARK LOT OF JLN EMPAT OPEN SPACE CARPARK, THERE WERE VEHICLES QUEUEING IN FRONT. I TURN ON MY VEHICLE INDICATOR LIGHT AND SLOWLY PROCEED EXIT THE CARPARK LOT AND STOPPED BEHIND OF VEHICLE B. VEHICLE B SUDDENLY MADE A REVERSED AND SLIGHTLY GRAZED ONTO MY STATIONARY VEHICLE FRONT LEFT 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 SJH6955U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver LEONG HONG YONG

NRIC/Passport Number SXXXX746F

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

4

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

Policyholder's Signature

Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

Name:

NRIC/FIN No.:

SKETCH PLAN X A. JMDZ4521C. B= 5J469554 DE REVOSED. DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Refer to statement.

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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

eBao Tech										Genera	lClaim
Hello, NAC_PAYA_UBI_80	0601			A STATE OF THE PARTY OF THE PAR			• Chang	ge Languag	e • Chan	ge Password	· Log Out
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	Vehicle	No.(For Motor)	SMD24	402K		Certif	icate Number	·			
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	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5104712679- 01		SIM YEOW SENG CHRISTOPHER	500856463	GPC	drivo CLASSIC	SMD2402K	SMD2402K	04/09/2019	03/09/2020
Hello, NAC_PAYA_UBI_8					8	Continue					

Policy No.	5104712679-01	Policyholder Name	SIM YEOW	SENG CHRISTOPHER	Policyholder NRIC	S0085646J	
Certificate No.		2011/27			VEI3.70		
Address	238 TEMBELING ROAD #02-06	TEMBELING GI	ROVE SINGA	PORE 423722			
Product Name	PRIVATE CAR INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	07/08/2019	Effective Date	04/09/2019	00:00	Expiry Date	03/09/2020 23	1:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	0	Own damage Excess	0		Windscreen Excess	100	
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess	0	Outside Singapore TP Excess	0			Young	Inexperience Driver Excess
Agent	WORLD-WIDE IND & COMM ENT	Agent Tel.	62971910		GST Flag	Y	
Co- insurance Flag	No						
Open							
Policy Info							
Certificate							
Certificate Info	older Mailing Address						
Certificate Info Policyh	older Mailing Address 238 TEMBELING ROAD	Addre	ss 2	#02-06 TEMBELING	GROVE	Address 3	SINGAPORE 423722
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