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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.

 By the lodgement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
en andre se engliste de la les de la	ACCIDENT STATEMENT
Date Of Report	27/03/2020 13:47
Date Of Accident	27/03/2020 11:00
Exact Location Of Accident	DEFU LANE 9 OPPOSITE NO 44
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDG1111Y
Insured/Policyholder	
Name Of Registered Owner	TAN HUAT POH
NRIC No	SXXXX369G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90051011
Alternative Phone No	OFFICE-90051011
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	ALPHARD
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	5085344944-03
Cover Note Number	
Driver	
Name of Driver	TAN HUAT POH
NRIC No	SXXXX369G
Date Of Birth	12/12/1959

Date Of Birth 12/12/1959 OUTDOOR Occupation 24/02/1982 Date Of Driving Pass

Driving Experience 38 YEARS AND 1 MONTH

MALE Gender

(LOCAL) +65-90051011 Mobile Number

Fax Number

OFFICE-90051011 Contact Number

NOEMAIL **EMail Address**

Address

BLK 622 HOUGANG AVE 8 #01-218

Postcode

530622

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLIDED INTO PARKED VEHICLE

Type Of Accident Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

2

involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

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

I REVERSING TO PARKED INTO A PARALLEL LOT. MY VEH ACCIDENTALLY TOUCH ONTO VEH B FRONT LEFT PORTION. NO DAMAGE TO OUR BOTH VEH.

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

SKG2071P

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

- 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:

NRIC/FIN No .:

SKETCH PLAN A = SDG 11111 Y B = SKG, 2071P

Opposite

No

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Defu lane

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	alClaim		
Hello, NAC_PAYA_UBI_80	0601		- Comment				• Chang	e Languag	e • Chan	ge Password	• Log Out
My Desktop Policy Query											
Notice of Loss	Policy 1	No.				Date	of Accident		27/03/2020	13:46	
	Vehicle	Vehicle No.(For Motor)		SDG1111Y		Certificate Number					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Search	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5085344944- 03	- Namber	TAN HUAT POH	S1390369G	GPC	drivo CLASSIC	SDG1111Y	- market Same and	27/11/2019	26/11/2020
	3					Continue	1			II	The state of

Claim Handling							
Accident HT/1689794	2010-2010-2010-2010		12.27.66.17.052				
Policy No.	5085344944-03		Vehicle No.	SDG1111Y		GST Registration No.	
Certificate No.	2117100 COA						
Policyholder Name Product Code	TAN HUAT POH					Policyholder NRIC	\$1390369G
Contact No.(Mobile)	PRIVATE CAR INSURA	ANCE	Cover Type	drive CLASSIC		Loading	0
Email Address	90051011		Contact No.(Office)			Contact No.(Home)	
KFK	* No Yes		Special Remark			eCode	No T
NCD Protection	Yes		TCA	* No Yes		eCode Reason	
♥ Accident Details	res		NCD Entitlement(%)	50		Private Hire	No
Report Date							
Date of Accident	27/03/2020 15:40		Accident Report Within 24 hrs	Yes		Accident Type	Collided into Parked Vehic
Reporting Centre	27/03/2020		Time of Accident hh:mm	11:00		Country of Accident	Singapore
Accident Location	DESCRIPTION OF THE PARTY OF THE	merchanis (Co.)	Grange Force			ICM No.	
▼ Total Excess Applicable	DEFU LANE 9 OPPOSI	TE NO 44					
Excess Type	Per Accident						
100	THE STATE OF THE S		Windscreen Excess		100.00		
OD Standard Excess		0.00	TP Standard Excess		0.00		
YIED OD Excess		0.00	VIED TP Excess		0.00	Driver is Covered?	8
Additional Excess		0			0.00	Driver is Covered.	Covered
Total OD Excess Applicable		0.00	Total TP Excess Applicable		0.00		
→ Benefits							
Coverage				Sum Insur	red		
Excess Walver				99999999			
Transport Allowance				99999999	99		
	tion						
GST Registered	No			GST Regist	tration Date		
GST Registration No.				GST Status	s Verified	Yes	
Modification History							
	200						
Policyholder Mailing Add	The state of the s		21022.00				
Address 1	BLK 622 #01-218		Address 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530622
Address 4			Address Type	Singapore address		Post Code	530522
unit No. ⇒ OI Driver Info			Related Policy Number	5085344944-03			
Driver Name	TAN GUAT AGU		SE-1079 SE-103	000000000000000000000000000000000000000			
Unnamed driver Name	TAN HUAT POH		Driver Type	Main Driver			
Register Date of Driver License	01/01/1999		Driver NRIC	51390369G		Driver DOB	12/12/1959
Contact No.(Mobile)			Driver Age	60		Driving Experience	21
Address 1	90051011 BLK 622 #01-218		Contact No.(Office)			Contact No.(Home)	
Address 4	DER 022 #01-210		Address 2	HOUGANG AVENUE	8	Address 3	SINGAPORE 530622
Unit No.			Address Type	Singapore address		Post Code	530622
Does he own a Singapore							
Registered car?	Yes . No		Driver Vehicle No.			Driver Insurer Company	
Declaration							
Breathalyser or Blood Test	(Version		**************************************				
Reading?	0 mg		Any injury?	Yes # No			
fodification History							
0. D.W. D.							
Claim 001 New							
Claim Type •					Tax 100	1 Insured	langed (man)
					ОО-МХ	Insured TAN HUAT POR	Insured S1390:
Contact No.(Mobile)					90051011	No. 62869446	Contact No.
AND VICTOR						(Home)	(Office)
Email Address						Vehicle SDG1111Y Number	Vehicle SKG20
Claim Description						Viencesconi.	Number Name of
					SDG1111Y / SKG2071P (DN 27 Mar 2020	Preferred 0 Warkshop
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