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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.	
	ACCIDENT STATEMENT
Date Of Report	30/03/2020 14:11
Date Of Accident	28/03/2020 01:50
Exact Location Of Accident	PUNGGOL DR TWDS PUNGGOL EAST
Country/State of Loss	SINGAPORE
the second secon	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT5207P
Insured/Policyholder	
Name Of Registered Owner	TAN JIAN HONG, MARCUS
NRIC No	SXXXX021D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83881806
Alternative Phone No	OFFICE-83881806
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5113517360
Cover Note Number	
Debroe	

Driver

 Name of Driver
 SNG MING YANG

 NRIC No
 SXXXX988J

 Date Of Birth
 03/07/1991

 Occupation
 INDOOR

 Date Of Driving Pass
 03/09/2013

Driving Experience 6 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83881806

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 332 JURONG EAST AVE 1 #13-1764

Postcode

600332

Was driver an employee of the Insured's Company

FRIEND 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

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

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?

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

REFER TO STATEMENT.

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

SJM2318J

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.
- 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 vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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:
 - 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.

Policy Holder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

NRIC/FIN No .:

Date & Time:

ACCIDENT STATEMENT

ACCIDENT DATE: 128 13 2020 100/MM	/YYYY), TIME: 01 . 50) (HH:MM)
LOCATION: YUNGGOT Price force	ruels Pringgel ERet.
DETAILS OF VEHICLE GIVEHICLE NUMBER: SST 5207 DIINSURANCE COMPANY: NTWO GIPOLICY NUMBER: C1241736	// -
GIPOLICY TYPE: LCOMPREHENSIVE / THIRE B)MAKE & MODEL: HYWN FITYPE: (SALOON) COUPE / MRY /V AN / L	ORRY MOTORCACIE COTACON
GIVEHICLE CATEGOR CIPRIVATE / COMM hipurpose of using at accident time: i) ARE YOU CLAIMING UNDER YOUR OWN IF NO PLEASE STATE (THIRD DATE:	INSURANCE MENTION
IF NO, PLEASE STATE (THIRD PARTY CLAIM 2. INSURED / POLICY HOLDER A)NAME: WARCH'S TAN JIAN b)NRIC/FIN/PASSPORT: \$9×28021	HONET IMALE FEMALE!
CONTINUE TO 2 AT THE SEMBAT	SHALL PRIVE # 18-383
(Including chiver) DRIVER SNY MNY SAN DRIVER ALSO POLICY ON AME: SNY MNY SAN DINRIC/FIN/PASSPORT: S9171988 CIADDRESS: BI 332 JUNING	
FIYEARS OF DRIVING EXPRESIONS	D/MM/YYYY)
4. WAS DRIVER AN EMPLOYEE OF THE INSU IF NO, RELATIONSHIP OF THE DRIVER W 5. Q) WEATHER CONDITION (CLEAR / RAINING	ITH INCLIDED. FULL NO
b) ROAD SURFACE (DRY) WET / OTHERS 6. WAS ANYBODY INJURED (YES NO) 7. D) REPORTED TO POLICE (YES IND) IF YES, PLEASE STATE WHICH EDLICE STATIO	N:
of VEHICLE NUMBER CLM23185	MODEL HYWNDAY AVANTE
d) VEHICLE NUMBER:	CONTACT:
OF DRIVER'S NAME: NRIC/FIN/PASSPORT:	_CONTACT:

Cmoil =

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VIDEO =

GeneralClaim **eBao**Tech · Change Language · Change Password · Log Out Hello, NAC_PAYA_UBI_800601 My Desktop **Policy Query** Notice of Loss 28/03/2020 13:43 Policy No. 5113517360 Date of Accident Certificate Number S)T5207P Vehicle No.(For Motor) Search Vehicle No. Insured Object Commence Date Certificate Number Policyholder Name Policyholder NRIC Expiry Date Product Cover Type Policy No. Select TAN JIAN drivo CLASSIC SJT5207P SJT5207P 25/10/2019 24/10/2020 S9428021D GPC HONG, MARCUS 5113517360 Continue

Claim Handling

Marchander Mar	Accident MT/1090026						
Management Man	Policy No.	5113517360	Vehicle No.	SJT5207P		GST Registration No.	
Section Sect	Certificate No.						
Ministry		TAN JIAN HONG, MARCUS				Policyholder NRIC	S9428021D
Section Sect			Cover Type	drive CLASSIC		Loading	0
Section Sect			Contact No.(Office)			Contact No.(Home)	
Marche March Ma			Special Remark			eCode	No Y
Set Part P	KFK	. No Wes	TCA	. No Syes		eCode Reason	
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March Answers March September March Septem	Report Date	30/03/2020 14:27	Accident Report Within 24 hrs	Yes		Accident Type	Collision - Head to Rear
Series S	Date of Accident		Time of Accident hin:mm	01:50		Country of Accident	Singapore
Part	Reporting Centre		Orange Force			1CM No.	
The Part Applicate Service Se	Accident Location	PUNGGOL DR TWDS PUNGGOL EAST					
Part	▼ Total Excess Applicable						
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### PAPPANDRY MATERIAL PROPERTY NAME OF THE PAPPANDRY NAME OF THE PAPPANDR	GST Registration No.	2.70				Yes	
## PRISPAPADE MINISTER March 12 March 1	Hodification History						
Marker							
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March Marc		- 77007400 0000000000	Address 2	SEMBAWANG DRIVE		Address 3	SINGAPORE 750478
Mailable Policy Number S11591796			Address Type	Singapore address		Post Code	750478
State				5113517360			
Divide			ACTIVISTICATION CONSTRAIN				
District Name District Nam		The second Parisis	Driver Type	Unnamed Driver			
Description						Driver DOS	03/07/1991
Marchard No. Models						Driving Experience	6
Address 2				25/2		Contact No.(Home)	
Markets 1				NIDONG FAST AVEN	0F 1		SINGAPORE 600332
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	Message Read						

Claim Handling(accident reporting Claim Task)

3/2020		Oic	ann manamig(acci	dein ici	Joining Claim las	0.16	
Attachment	Uploaded	By/Date	Category	9	Urgency	Description	
	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20		NRIC/ Driving Licerse	Y	Normal	NR3C/ Driving License 2020-3-30	
5000	NAC_PAYA_UB1_800601(NATIONAL 30 Mar 20		NRIC/ Driving License	٧	Normal	NRSC/ Driving License 2020-3-30	
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1	NAC_PAYA_UBI_800601(NATIONAL 30 Mer 20		Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20		Photos		Normal	Photos 2020-3-30	
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	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20	ASSESSMENT CENTRE SERVICES) o 20 14:30	Photos		Normal	Photos 2020-3-30	
6	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20	ASSESSMENT CENTRE SERVICES) o 20 14:30	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20		Photos		Normal	Photos 2020-3-30	
100	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20	ASSESSMENT CENTRE SERVICES) o 20 14:29	Photos		Normal	Photos 2020-3-30	
	NAC_PAYA_UBI_800601(NATIONAL 30 Mar 20		Photos		Normal	Photos 2020-3-30	
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