SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number 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

aloresalu,	
	ACCIDENT STATEMENT
Date Of Report	01/04/2020 17:05
Date Of Accident	31/03/2020 15:30
Exact Location Of Accident	JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
The state of the s	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGK772P
Insured/Policyholder	
Name Of Registered Owner	SHENG LI LAI AUTO LEASING
Co Reg No	5XXXX801M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68420302
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L A
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5112566289
Cover Note Number	
Driver	
Name of Driver	YEANG LI CHONG
NRIC No	SXXXX979B
Date Of Birth	09/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/03/2011
Driving Experience	9 YEARS AND 0 MONTHS

MALE

NOEMAIL

(LOCAL) +65-92317759

OFFICE-92317759

Address BLK 271B PUNGGOL WALK

#08-517

Postcode 822271

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

hicle

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 NO

2

NO

NO

Was any body injured in the Accident?

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : -

GENDER: : FEMALE

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

ON STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VENUE. FRONT VEHICLE BRAKE, I BRAKE MY VEHICLE AS WELL. SUDDENLY I FELT AN IMPACT OF MY VEHICLE AND REALIZED THAT VEHICLE B HAS HIT MY VEHICLE REAR PORTION.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GY6417C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD IRSYAD BIN JALIL

NRIC/Passport Number SXXXX435A

Contact Number

Address

Postcode

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.
- 7. 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:

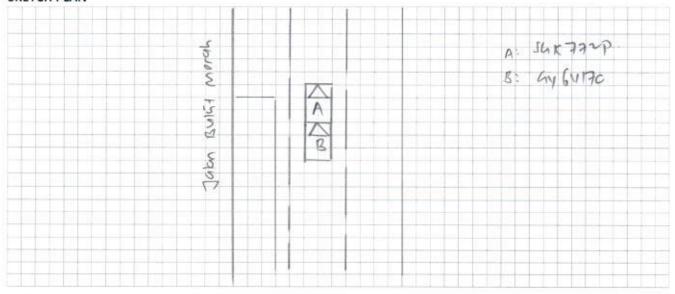
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

S3388801M

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	CES OF THE ACCIDENT		
refer to Hatem	ent.		

DECLARATION

I/We declare the locegoing particulars are true in every respect.

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

NRIC/FIN No.:

eBao Tech					1000					Genera	alClaim
Hello, NAC_PAYA_UBI_800	0601						Change	Languag	e · Char	ge Password	Log Out
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	lo.	511256	6289		Date o	f Accident	1	31/03/2020	15:30	
	Vehicle	No.(For Motor)	SGX772	Р		Certific	cate Number	[
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5112566289	5112566289- 000005	SHENG LI LAI AUTO LEASING	53368801M	GFM	Third Party	SGK772P	SGK772P	14/09/2019	13/09/2020
				0.00459850000	C	continue					

Policy No.	5112566289	Policyholder Name	SHENG L	LAI AUTO LEASING	Policyholder NRIC	53368801M	
Certificate No.	5112566289-000005	M0808011					
Address	2 KAKI BUKIT AVENUE 2 #01-36	S KAKI BUKIT	аитонив	SINGAPORE 417921			
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy issue Date	10/09/2019	Effective Date	14/09/20	19 00:00	Expiry Date	13/09/2020 23	3:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1500	Own damage Excess			Windscreen Excess		
Additional Excess	0	OS Premium	0				
Outside Singapore OD Excess		Outside Singapore TP Excess	1500			Young	/Inexperience Driver Excess
Agent	GOLDEN PRIME INSURANCE AG	Agent Tel.	68426788	3	GST Flag	Υ	
insurance	No						
insurance Flag Open	No						
insurance Flag Open Policy Info Certificate	No						
insurance Flag Open Policy Info Certificate Info	No nolder Mailing Address						
Insurance Flag Open Policy Info Certificate Info Policyh		Addre	ss 2	#01-36 KAKI BUKI	т аитонив	Address 3	SINGAPORE 417921
Insurance Flag Open Policy Info Certificate Info Policyh Address 1	older Mailing Address		ss 2 ss Type	#01-36 KAKI BUKI Singapore address		Address 3 Post Code	SINGAPORE 417921 417921
Co- insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address	Addres	ss Type d Policy				
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 2 KAKI BUKIT AVENUE 2	Addres Relate Numb	ss Type d Policy	Singapore address			
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No.	older Mailing Address 2 KAKI BUKIT AVENUE 2 01-36 d Object: 5112566289-000005	Addres Relate Numb	ss Type d Policy	Singapore address			
Insurance Flag Open Policy Info Certificate Info Policyh Address 1 Address 4 Unit No. Insured	oolder Mailing Address 2 KAKI BUKIT AVENUE 2 01-36 d Object: 5112566289-000005	Addres Relate Numb	ss Type d Policy er	Singapore address			
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ccident MT/1090378					
No. No.	324345-0050-				
licy No.	5112566289	Vehicle No.	SGK7729	GST Registration No.	
tificate No.	5112566289-000005				
icyholder Name	SHENG LI LAI AUTO LEASING			Policyholder NRIC	53368801M
duct Code	FLEET MASTER INSURANCE	Cover Type	Third Party	Loading	0
ntact No.(Mobile)					0
	.0	Contact No. (Office)	68420302	Contact No.(Home)	100
nai Address		Special Remark		eCode	NC V
<	® No ○Yes	TCA	® No ○Yes	eCode Reason	
D Protection	No	NCD Entitlement(%)	0	Private Hire	Yes
Accident Details					
port Date	01/04/2020 17:17	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
te of Accident	31/03/2020	Time of Assident hhimm	15:30	Courtry of Academ	Consessed
	prinstense		13:30		Singapore
porting Centre		Orange Force		ICM No.	
ident Location	JALAN BUKIT MERAH				
Total Excess Applicable	6				
ess Type	Per Accident	Windscreen Excess			
Standard Excess		TP Standard Excess	1,500.00		
D OD Excess	0.00	YIED TP Excess		Driver is Covered?	
ditional Excess	0				
tal OD Excess Applicable	0.00	Total TP Excess Applicable			
Benefits	1745				
	Description of the Control of the Co				
GST Registered Inform	19		CET A		
T Registered	Na		GST Registration Date	1922	
T Registration No. dification History			GST Status Verified	Yes	
Jenescon Hazory					
Ballank Mark Comment	200				
Policyholder Hailing Ad		Specification (
dress I	2 KAKI BUKIT AVENUE 2	Address 2	#01-36 KAKI BUKIT AUTOHUB	Address 3	SINGAPORE 417921
dress 4		Address Type	Singapore address	Post Code	417921
it No.	01-36	Related Policy Number	5112566396		
OI Driver Info					
ver Name	Unnamed Driver	Driver Type	Unnamed Driver		
named driver Name	YEANG LI CHONG	Driver NRIC	\$0009798	Driver DOS	09/11/1991
gister Date of Driver License		Driver Age	26	Driving Experience	9
ntact No.(Mobile)	92317759	Contact No.(Office)	0	Contact No.(Home)	0
dress 1	BUK 2718	Address 2	PUNGGOL WALK	Address 3	PUNGGOL RESIDENCES
dress 4	SINGAPORE 822271	Address Type	Singapore address	Post Code	822271
			minimum and a second	Post Code	OREST L
	06-517			Post Code	
nt No. ses he own a Singapore					
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