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	B 860 G.	. INC(	)/Non-INC( )	
Owner / Driver: (	D 00001	7	Tel:	)
Policy No: ( ) Perio	nd: (	)	Cover Type: (	)
Confirmed by : (	A COMPANY OF THE PARTY OF THE P	Date;	Time:	)
Insured/Driver Liability: ( %) [No	te-Est. Status (	WO): N: 0-20	%; P: 21-79%. P: 80-1	00%]
Year of Registration: ( ) Wi	arranty; YES (	)/NO(	)	
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#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

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 <u>truthful and accurate</u> 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

CONTRACTOR OF THE STATE OF THE	ACCIDENT STATEMENT
Date Of Report	07/04/2020 17:57
Date Of Accident	06/04/2020 21:00
Exact Location Of Accident	PAYA LEBAR SQUARE CARPARK
Country/State of Loss	SINGAPORE
THE STATE OF THE PERSON OF THE	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKN630C
Insured/Policyholder	
Name Of Registered Owner	GIAN BEE GUEK
NRIC No	SXXXX166A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90032233
Alternative Phone No	OFFICE-90032233
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used at time of accident	PARKED
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	5102298149-01
Cover Note Number	
Driver	
Name of Driver	GIAN BEE GUEK
NRIC No	SXXXX166A
Date Of Birth	22/07/1957
Occupation	OUTDOOR
Date Of Driving Pass	28/06/1983
Driving Experience	36 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-90032233
Fax Number	
20 N N N N N N N N N N N N N N N N N N N	

OFFICE-90032233

NOEMAIL

Address BLK 2D UPPER BOON KENG RD #13-660

Postcode 384002

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

hicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

2

NO

NO

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

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) 0

**Details of Police Action** 

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name KOLAM AYER NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 72 GEYLANG BAHRU #01-3038 , POSTCODE: 330072 ,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2969999 - FAX NO: 62937659

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT A/20200406/2090

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 SLB860G

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 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.
- 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:
  - 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.

DXX

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

AB	A = SKN 630 C B = SLB 860 A.
BackDoor	Payn Lebar Square Carpark

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer	+o	Police	Report	A1202004061	2090.
		/_			
		/			
		/			
	_/				
	-/-				

# 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 .:





1 of 2

Report No. A/20200406/2090

# POLICE REPORT (NP299)

Police Station Of Origin Kolam Ayer NPP 72 Geylang Bahru #01-3038 SINGAPORE 330072

Tel No: 1800-2969999

Date/Time Report Made 06/04/2020 22:12	Vide Rep	Vide Report No.					
Name Of Informant	Address	Address					
TAN HUI PING	APT BLK	2D UPPE	R BOON KENG F	ROAD #13-660			
	SINGAPO	ORE 3840	02				
ID Type / ID No.	Contact N						
NRIC NO / S8931913G	Home/Off	fice	Mobile				
			90031888				
Nationality	Email Address						
SINGAPORE CITIZEN							
Occupation	Sex	Age	Date of Birth	Race			
GRAB-DRIVER	Female	30	15/09/1989	Chinese			
Institution/School Name	Language						
	English						
Date/Time Of Incident	Location	Of Inciden	t				
06/04/2020 09:00	60 PAYA LEBAR ROAD PAYA LEBAR SQUARE						
	SINGAPORE 409051						
	Shopping	Shopping Mall, Car-Park, Level 2					

# Brief details.

On 06/04/2020, at about 1945hrs, I parked my vehicle (White, Hyundai Avante, SKN630C) at Paya Lebar Square mall carpark level 2, and went to have my dinner.

At about 2100hrs, when I came back to my car, I saw couple loading their boot of their vehicle (Toyata Corola Altis, Plate number: SLB860G). Their left rear door was also open before I came. I then realised

Signature Of Officer Recording The Report:	Signature Of Informant:
A / Sgt 2 THEVANAND SHIVASANKER	THE
Signature Of Interpreter: Not applicable	Date/Time: 06/04/2020 22:12
Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch Insp LIM SING HUI Contact No.: 65575076	Classification Of Case:

**Authentication Stamp** 







2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20200406/2090

that their door have touched my right rear passenger seat. I saw visible scratched on the area it touched.

When I confronted the couple, initially they were rude and unapologetic. Then after the guy said sorry to me. However the lady was showed rude and un-sincere gestures. I then informed them that they have to be sincere in their apology as it is their fault. The guy then told me to bang back his car if I was not happy.

I then went back to my right rear door, opened it and bang his left rear door which caused some scratches. The guy then went to take a look at the damage of his car, then told me that it okay and it is just a car. He also further asked if I was happy. I then inform him that the issue is settled. We then apart.

I then stayed awhile and waited for his vehicle to move off to take note of his number plate. However he did not move off. I then parked at the other side and waited for him to move off. His car plate number is SLB860G.

I am making this to report that state I only banged his car back because he told me to do so. I do not want to pursue this matter. I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

A / Sgt 2 THEVANAND SHIVASANKER

Signature Of Interpreter: Not applicable

Officer In-Charge Of Case: A / Central Police Divisional Investigation Branch / Insp LIM SING HUI

Contact No.: 65575076

Signature Of Informant:

Date/Time: 06/04/2020 22:12

Classification Of Case:

Authentication Stamp

<b>eBao</b> Tech										Genera	alClaim
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My Desktop	Poli	cy Query									
Notice of Loss	Policy N	No.				Date	of Accident		06/04/2020	17:57	
	Vehicle	No.(For Motor)	SKN63	oc .		Certi	ficate Number	·			
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5102298149- 01		GIAN BEE GUEK	S1236166A	GPC	drivo CLASSIC	5KN630C	SKN630C	19/07/2019	17/07/2020
						Continue					

#### Claim Handling

Accident MT/1091069							
folicy No.	5102298149-01		Vehicle No.	SKN630C		GST Registration No.	
Certificate No.							
Policyholder Name	GIAN BEE GUEK					Policyholder NRIC	S1236166A
Product Code	PRIVATE CAR INSUR	ANCE	Cover Type	drivo CLASSIC		Loading	0
Contact No.(Mobile)	90032233		Contact No.(Office)			Contact No.(Home)	-
Email Address			Special Remark			eCode	No *
KFK	■ Na 🗀 Yes		TCA	• No. Yes		eCode Reason	
NCD Protection	Yes		NCD Entitlement(%)	50		Private Hire	Yes
♥ Accident Details						2.491919000	
Report Date	08/04/2020 09:11		Accident Report Within 24 hrs	Yes		Accident Type	Damaged whilst parked
Date of Accident	06/04/2020		Time of Accident hh:mm	21:00		Country of Accident	Singapore
Reporting Centre			Grange Force			ICM No.	
Academ Location	PAYA LEBAR SQUARE	CARPARK					
→ Total Excess Applicable	Total Andrews		viiwa-vviiko-v-ologo.				
Excess Type	Per Accident		Windscreen Excess		100.00		
OD Standard Excess		2,000.00	TP Standard Excess		1,500.00		
YIED OD Excess		0.00	YIED TP Excess		0.00	Driver is Covered?	Covered
Additional Excess		0	7100 11 04000		(1999)		200000000000000000000000000000000000000
Total OD Excess Applicable		2000.00	Total TP Excess Applicable		1,500,00		
♥ Benefits		2000/00	Total II Excess Application		1,550,50		
	ion						
GST Registered	No.			GST Regi	stration Date		
GST Registration No.	100	į.			us Venfied	Yes	
Hodification History							
▼ Policyholder Halling Add	ress						
Address 1	BLK 2D #13-660		Address 2	UPPER BOON KEN	IG ROAD	Address 3	SINGAPORE 384002
Address 4			Address Type	Singapore address		Post Code	384002
Unit No.			Related Policy Number	5102298149-01			
Driver Name	GIAN BEE GUEK		Driver Type	Main Driver		11 No. 24 No. 27 No. 27	
Unnamed driver Name			Driver NR3C	51236166A		Driver DOB	22/07/1957
Register Date of Driver License	28/06/1983		Driver Age	62		Driving Experience	36
Contact No.(Mobile)	90032233		Contact No.(Office)			Contact No.(Home)	
Address 1	BLK 2D #13-660		Address 2	UPPER BOON KEN	IG ROAD	Address 3	SINGAPORE 384002
Address 4			Address Type	Singapore address	•	Post Code	384002
Unit No.							
Does he own a Singapore Registered car?	Yes . No		Driver Vehicle No.			Driver Insurer Company	
ph/9349000310							
Declaration							
Breathalyser or Blood Test Reading?	0 mg		Any injury?	Yes a No			
SCUSPINE LL							
Modification History							
The state of the s							
Claim 001 New							
Euros -					-	Inquest [	Insured Control
Claim Type *					OD-MX	Name GIAN BEE GUEK	NRIC (512)
Contact No.(Mobile)					90032233	No. NIL	Contact No.
					M. 1000000000000000000000000000000000000	(Home)	(Office)
Email Address						Vehicle SkN630C Number	Vehicle SLBB Number
						number	Name of
Claim Description					SKN630C / SLB860G ON	6 Apr 2020	Preferred to Workshop
Preferred	Insu	red Liability Not at Fault	•				
Workshop 0 Bonnet No. Finalisation Yes	* Repair	Preferred Workshop, Nam		d	7	and the same of th	
Date Registered	Option	-	терит -		08/04/2020 09:14	Close	Date Received 08/04
2000						Date	- Seconda
Report Taken By					LIEW SHAN HUI		
T. Landauer and C.							
Print AK letter							
				Save Submit			
Attachment							
∀							
Accident No.	MT/1091069		Claim No.		001		
Last Doc. Received	₩ Yes © No	ŝ	Upload Date		08/04/2020 09:16		
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Choose File No file chosen				Clear	Please Select	* NO * Norm	
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	Uploaded By/Date	Folder Date	F	ile Name		9	Source	
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3		NAL ASSESSMENT CENTRE SERVICES) o or 2020 09:14	Photos		Normal		Photos 2020-4-8	
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		NAL ASSESSMENT CENTRE SERVICES) o or 2020 09:14	Photos		Normali		Photos 2020:4-8	
3	NAC_PAYA_UBI_800601[ NATIO 08 Ap	NAL ASSESSMENT CENTRE SERVICES) o pr 2020 09:14	Photos		Normal		Photos 2020-4-8	
4	NAC_PAYA_UBI_800601( NATIO 08 Ap	NAL ASSESSMENT CENTRE SERVICES) o pr 2020 09:16	Photos		Normali		Photos 2020-4-8	
-	NAC_PAYA_UBI_800601( NATIO 08 Ap	NAL ASSESSMENT CENTRE SERVICES) o pr 2020 09:16	Photos		Normal		Photos 2020-4-8	
1	NAC_PAYA_UBI_800601( NATIO 08 Ap	NAL ASSESSMENT CENTRE SERVICES) o pr 2020 09:16	SAS		Normal		SAS 2020-4-8	
MOD ACT	NAC_PAYA_UBI_800601( NATIO 08 Ap	NAL ASSESSMENT CENTRE SERVICES) o or 2020 09:16	NRIC/ Driving License	Υ	Normali	NR	IC/ Driving License 2020-4-8	
Attachment	Uplo	aded By/Date	Category	9	Urgency		Description	

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