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	V 5173 M.	INC ()/Non-INC()		
Owner / Driver: (A 211.2 11.	10. 10. 10.	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by: (Philippe a Prior 1 agree of the action of the control of the contr	Dater	Time:)	
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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 ladgement of this report to the insurers, you berefy consent to the archiving of this report at the control

	ACCIDENT STATEMENT	
Date Of Report	15/07/2020 13:46	
Date Of Accident	14/07/2020 14:40	
Exact Location Of Accident	GOLDEN MILE COMPLEX CARPARK	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKL5078A	
Insured/Policyholder		
Name Of Registered Owner	NEOSONIC INTERNATIONAL PTE LTD	
Co Reg No	1XXXXX425W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-63390356	

Vehicle I	Particu	ars
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Manufacturer NISSAN Model TEANA

Exact Purpose for which vehicle was being used at PRIVATE USE time of accident

Are you claiming under your own insurance policy

NO for repair to your vehicle?

If No, Please state action to be taken REPORTING ONLY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

NO Fleet Policy

Policy Number 5068287468-05

Cover Note Number

Driver

Name of Driver LEE CHEE KIONG

NRIC No SXXXX969I Date Of Birth 10/10/1957 Occupation INDOOR Date Of Driving Pass 21/12/1976

Driving Experience 43 YEARS AND 6 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-91281010

Fax Number

Contact Number

NOEMAIL EMail Address

Address 37 AMBER GARDENS #02-16

Postcode 439969

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

Type Of Accident COLLIDED INTO PARKED VEHICLE

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

1

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.

Number of Passengers (Including Driver)

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? YES

Remarks/ Reasons: HAVENT RETRIEVE

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLW5173M

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

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

- 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- 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.

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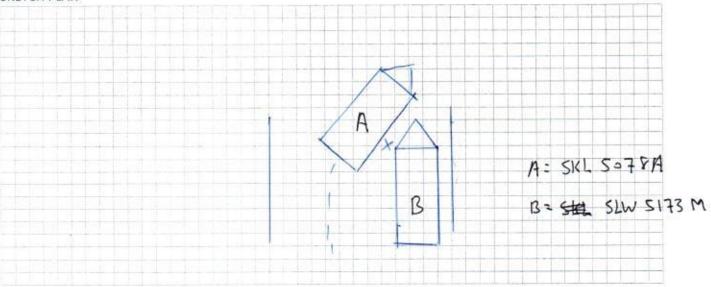
Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature
Date & Time: 15/7/20

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 14 July 2020, AT ABERT 1A 40 HRS, WHILE I WAS TURNING OUT FROM THE PARKING LOT AT GOLDEN MUSE COMPLEX, MY VEHICLE DID GLIDE PASS THE STATIONARY RIGHT VEHICLE, I NOTICE THE FRONT LEFT BUNDER AND FENDER A SINGE PAINT DAMAGE OF VEY: SEX SOURCE
out From THE PARKING LOT AT GOLDEN MUSE COMPLEX, MY VEHICLE
DID GAIDE PASS THE STATIONARY RIGHT VEHICLE. I NOTICE THE FRONT
Let Burger AND FONDER A CHIEF PAINT DAMAGE OF Ityl: SEX STEAT
SLW SI73M

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			THE REAL PROPERTY.			• Change	Language	Chang	ge Password	· Log Ou
My Desktop	Poli	cy Query									
Notice of Loss	Policy N	io.				Date	of Accident		15/07/2020	13:20	J.
	Vehicle	No.(For Motor)	SKL	078A		Certifi	cate Number				
						Search					
	Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
	0	5068287468- 05		NEOSONIC INTERNATIONAL PTE LTD	199054425W	GPC	drivo PREMIUM	SKL5078A	SKL5078A	21/11/2019	20/11/2020
					C	ontinue					

ACCIDENT STATEMENT

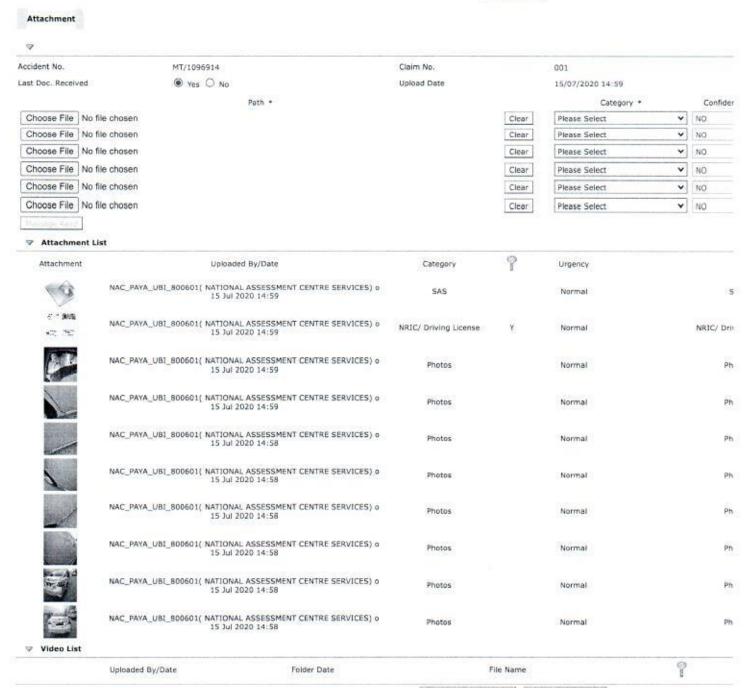
ACC	IDENT DATE: 14/7/20)(D	D/MM/YYYY), TIME:(14 : 40)(HH:MM)
LOCA	ATION: Golden mile	complex carpark
1	DETAILS OF VEHICLE	
	a) VEHICLE NUMBER: SKL E	5078A
	bJINSURANCE COMPANY: NT	
574		287468-05
		/ THIRD PARTY / THIRD PARTY FIRE &THEFT)
	e)MAKE & MODEL: NYSSIAN	The state of the s
		VAN / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE /	시스 (C. C. C
	h)PURPOSE OF USING AT ACCIDEN	A A LL LUIS HER CONTROL TO THE CONTR
	i) ARE YOU CLAIMING UNDER YOU	OWN INSURANCE (YES/NO)
	IF NO, PLEASE STATE (THIRD PARTY	CLAIM / REPORTING ONLY)
2.	INSURED / POLICY HOLDER	neosoure
	AINAME: Lee Chee loiong	(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: 3/25/96	
		Am Ambers Gardan Fithe Esta
8 8 8	· Spone 439969	T T A T A
	* CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
the of passenger	DRIVER	2
(Including driver)		(MALE / FEMALE)
	b) NRIC/FIN/PASSPORT: S 12.51	
(T)	CIADDRESS: BIC 37, #02-16	, AMBER GARDEN: THE ESTA
35	*d)DATE OF BIRTH: (10) 10) (954)(DD/MM/YYYY)
	e)OCCUPATION: (INDOOR / OUTD	OOR)
	f) YEARS OF DRIVING EXPRERIENCE:	40 YOAR
4.	WAS DRIVER AN EMPLOYEE OF T	THE INSURED'S COMPANY? (145 / NO)
	IF NO, RELATIONSHIP OF THE D	RIVER WITH INSURED: OWNEY
5.	a) WEATHER CONDITION: (CLEAR /	RAINING / OTHERS CARPARK
	b)ROAD SURFACE: (DRY / WET / OT	'HERS
6.	WAS ANYBODY INJURED (YES / NO	
	a) REPORTED TO POLICE (YES / NO)	
	IF YES, PLEASE STATE WHICH POLICE	
8.	THIRD PARTY VEHICLE	
he of passenger	a) VEHICLE NUMBER: SLW	5173 M MODEL:
Induction driver)	b) DRIVER'S NAME:	
()	c) NRIC/FIN/PASSPORT:	CONTACT:
9.	THIRD PARTY VEHICLE	
Ils il approprie	d) VEHICLE NUMBER:	MODEL:
No of passenger	e) DRIVER'S NAME:	
Including driver	f) NRIC/FIN/PASSPORT:	CONTACT:
(5		. 7075 89 160 8750 X
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Claim Handling

	A CONTRACTOR OF THE CONTRACTOR	EXPLICATION OF THE PROPERTY OF	- Carly Market - C		page 20 1 1 1
Policy No.	5068287468-05	Vehicle No.	SKL5078A		GST Registr
Certificate No.	W. D. D. D. D. Delperon, and delegated Artis, and				100000000000000000000000000000000000000
Policyholder Name	NEOSONIC International Pte Ltd	929/00/17/02/19/40			Policyholder
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo PREMIUM		Loading
Contact No.(Mobile)	63390356	Contact No.(Office)			Contact No.
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reas
NCD Protection	Yes	NCD Entitlement(%)	50		Private Hire
Report Date	15/07/2020 14:56	Accident Report Within 24 hrs	Yes		Accident Ty
Date of Accident	14/07/2020	Time of Accident hh:mm	14:40		Country of
Reporting Centre		Orange Force			ICM No.
Accident Location	GOLDEN MILE COMPLEX CARPARK				
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.00	
OD Standard Excess	600.00	TP Standard Excess		0.00	
YIED OD Excess	0.00	YIED TP Excess		0.00	Driver is Co
Additional Excess	9	1123 11 2333		0.00	373 65 65 55 65
		T. 1. 1 T. C			
Total OD Excess Applicable	600.00	Total TP Excess Applicable		0.00	
→ Benefits					
GST Registered Informat	00.22		700.000	100,000,000,000	
SST Registered	No		GST Registr		
GST Registration No.	15/07/2020 14:56:55 Sup	item changed GST Status Verified from No	GST Status	Verified	Y
Modification History	13/07/2020 14:30:33 5ys	cent changed GST Status vernied stylin 140	to res		
Policyholder Mailing Add	ress				
Address 1	175 BENCOOLEN STREET	Address 2	#01-13 BURLINGTO	ON SQUARE	Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.	01-13	Related Policy Number	5068287468-05		
♥ OI Driver Info					
TOLDING IIII		Driver Type	Main Driver		
	LEE CHEE KJONG	Dillet Type			
Driver Name	LEE CHEE KIONG	Driver NRIC	\$12519691		Driver DOB
Driver Name Unnamed driver Name	01/01/1990		S1251969I 62		Driver DOB Driving Exp
Driver Name Unnamed driver Name Register Date of Driver License		Driver NRIC			
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	01/01/1990	Driver NRIC Driver Age			Driving Exp
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile)	01/01/1990 91281010	Driver NRIC Driver Age Contact No.(Office)	62		Driving Exp Contact No.
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1	01/01/1990 91281010	Driver NRIC Driver Age Contact No.(Office) Address 2	62 #02-16 THE ESTA		Driving Exp Contact No. Address 3
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	01/01/1990 91281010 37 AMBER GARDENS	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	62 #02-16 THE ESTA		Oriving Exp Contact No. Address 3 Post Code
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore	01/01/1990 91281010 37 AMBER GARDENS	Driver NRIC Driver Age Contact No.(Office) Address 2	62 #02-16 THE ESTA		Driving Exp Contact No. Address 3
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address I Address 4 Unit No. Does he own a Singapore Registered car?	01/01/1990 91281010 37 AMBER GARDENS	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	62 #02-16 THE ESTA		Oriving Exp Contact No. Address 3 Post Code
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breatholyser or Blood Test	01/01/1990 91281010 37 AMBER GARDENS	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type	62 #02-16 THE ESTA		Oriving Exp Contact No. Address 3 Post Code
Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	01/01/1990 91281010 37 AMBER GARDENS 02-16 Yes No	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	#02-16 THE ESTA Singapore address		Oriving Exp Contact No. Address 3 Post Code
Driver Name Unnamed driver Name Register Date of Driver License Contact No.(Mobile) Address 1 Address 4 Unit No.	01/01/1990 91281010 37 AMBER GARDENS 02-16 Yes No	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	#02-16 THE ESTA Singapore address		Oriving Exp Contact No. Address 3 Post Code
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Driver Name Unnamed driver Name Register Date of Driver License Contact No. (Mobile) Address 1 Address 4 Unit No. Does he own a Singapore Registered car? Declaration Breathalyser or Blood Test Reading?	01/01/1990 91281010 37 AMBER GARDENS 02-16 Yes No	Driver NRIC Driver Age Contact No.(Office) Address 2 Address Type Driver Vehicle No.	#02-16 THE ESTA Singapore address		Driving Exp Contact No. Address 3 Post Code Oriver Insur
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