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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number

Fax Number Contact Number

EMail Address

Gender

- 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.
- 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	23/07/2020 10:27
Date Of Accident	22/07/2020 11:30
Exact Location Of Accident	SERANGOON RD
Country/State of Loss	SINGAPORE
Andrew Commence	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBH2538L
Insured/Policyholder	
Name Of Registered Owner	UNION ENERGY PTE LTD
Co Reg No	2XXXXX207Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63166666
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 5MT
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5113967306
Cover Note Number	
Driver	
Name of Driver	CHAI KAR CHOON
Passport No/FIN	GXXXX188L
Date Of Birth	19/09/1993
Occupation	OUTDOOR

12/05/2015

MALE

NOEMAIL

5 YEARS AND 2 MONTHS

(LOCAL) +65-83109036

OFFICE-83109036

Address

3 LORONG BAKAR BATU

#07-04 UNION INDUSTRIAL CENTER

Postcode

348741

Was driver an employee of the Insured's Company YES

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?

YES

NO

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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

SJH707J

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

- 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.
- 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.

WHERE LYOU

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

Date & Time:

Reporting Centre Personne

Name:

NRIC/FIN No.:

l's Signature

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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:

sergiopan ru

NRIC/FIN No.:

ACCIDENT STATEMENT

R9 - 8.	00,4110	N: ferging 0 3	n Rd			
	1. D	ETAILS OF VEHIC		100		
	a	VEHICLE NUM	BER:	434 2538		- 0
		JINSURANCE CO		MTUC		-
	C	POLICY NUMBE	R: 511	3967306		8
	d	POLICY TYPE: (COMPREHE	NSIVE / THIRD	PARTY / THIRD	PARTY FIRE &THEFT
	е	MAKE & MODE	L:			1651
	f)	TYPE: (SALOON)	/ COUPE / I	MPV/VAN/L	ORRY / MOTO	RCYCLE / OTHERS)
	g	VEHICLE CATE	GORY: (PRIV	ATE / COMM	ERCIAL / MOTO	ORCYCLE)
	h	PURPOSE OF US	SING AT AC	CIDENT TIME:	Wor	lang
	i) /	ARE YOU CLAIM	ING UNDER	YOUR OWN	INSURANCE (Y	ES/NO)
	1	F NO, PLEASE ST	ATE (THIRD	PARTY CLAIM	1 / REPORTING	ONLY
		ISURED / POLICY		01	0	
	25.70	NAME: Union		He Ud		(MALE / FEMALE)
		NRIC/FIN/PASSI	000000000000000000000000000000000000000		CONTA	CT: 6316 6666
	C)	ADDRESS:				
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to of passion	ger of	NAME:	12			(MALE / FEMALE)
nduding driv	10-1	NRIC/FIN/PASSF	DODT:		CONTA	
(1.)		ADDRESS:	OKI,		CONTA	(CI. 0 310 103
	-7					
20	*d) DATE OF BIRTH	:(/	_/)(DD/MM/YYYY	(%)
	e)	OCCUPATION:	(INDOOR /	OUTDOOR)		3 121
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		NO, RELATION				D:
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		as anybody in				
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Policy No.	5113967306	Policyholder Name	UNION E	NERGY PTE, LTD.	Policyholder NRIC	200809207	Z
Certificate No.	5113967306-000096	63000			14046		
Address	3 LORONG BAKAR BATU #07-04	UNION INDU	STRIAL CE	NTER SINGAPORE 348	741		
Product Name	FLEET MASTER INSURANCE	Plan			Group Policy Flag	N	
Policy Issue Date	26/12/2019	Effective Date	01/01/20	20 00:00	Expiry Date	31/12/2020	23:59
Excess Type	Per Accident	All Claims Excess					
Third Party Excess	1000	Own damage Excess	0		Windscreen Excess	0	
Additional Excess		OS Premium	72870.61				
Outside Singapore OD Excess		Outside Singapore TP Excess				You	ing/Inexperience Driver Excess
					M 4254 TOP 1711	35	
Agent Co-	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311	1	GST Flag	Y	
Agent Co- Insurance Flag Open Policy Info Certificate Info	JARDINE LLOYD THOMPSON PTE	Agent Tel.	63336311		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info		Agent Tel.	63336311		GST Flag	Y	
Co- insurance Flag Open Policy Info Certificate Info	No	Agent Tel.		#07-04 UNION IND	7		SINGAPORE 348741
Co- Insurance Flag Open Policy Info Certificate Info Policyh Address 1	No older Mailing Address	Addres			USTRIAL CEI A		SINGAPORE 348741 348741
Co- insurance Flag Open Policy Info Certificate Info Policyh	No older Mailing Address	Addres	ss 2 is Type d Policy	#07-04 UNION IND	USTRIAL CEI A	Address 3	
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Accident MT/1097668					
Policy No.	5113967306	Vehicle No.	G8H2538L	GST Registration No.	2008092072
Certificate No.	5113967306-000096				
Policyholder Name	UNION ENERGY PTE, LTD.			Policyholder NR3C	2008092072
Product Code	FLEET MASTER INSURANCE	Cover Tyge	Third Party	Loading	g.
Contact No.(Mobile)	0	Contact No.(Office)	63166666	Contact No.(Home)	0
Email Address		Special Remark		eCode	THE ME
KFK	® No ○ Yes	TCA	® No ⊜ Yes	eCode Reason	1953556
NCD Protection	No	NCD Entitlement(%)	0		22
Accident Details		THE ESTIMATE OF		Private Hire	No
Report Date	938466686666				
	23/07/2020 10:36	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head to Rear
Date of Accident	22/07/2020	Time of Accident hh:mm	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		JCM No.	
Accident Location	SERANGOON RD				
Total Excess Applicable					
Ексевк Туре	Per Accident	Windscreen Excess	0.00		
NO Personal Control	10000				
00 Standard Excess	0.00	TP Standard Excess	1,000.00		
TED OD Excess	0.00	YIED TP Excess		Driver is Covered?	
Additional Excess					
Total OO Excess Applicable	0.00	Total TP Excess Applicable			
♥ Benefits					
GST Registered Inform	ation				
IST Registered	Yes		GST Registration Date	01/06/2008	
SST Registration No.	200809207Z		GST Status Verified	Yes	
And Restion History					
Policyholder Mailing Ad	ddress				
Address 1	3 LORONG BAKAR BATU	Address 2	#97-04 UNION INDUSTRIAL CEI	Address 3	SINGAPORE 348741
Address 4		Address Type	Singapore address	Post Code	346741
Init No.	06-00	Related Policy Number	5113967306		
□ OI Driver Info					
Driver Name	Unnamed Driver	Driver Type	Unnamed Driver		
Innamed driver Name	CHAI KAR CHOON	Driver NRIC	GXXXX188L	Driver DOB	19/09/1993
legister Date of Driver License	12/05/2015	Driver Age	26	Driving Experience	5
Contact No. (Mobile)	83109036	Contact No.(Office)	0	Contact No.(Home)	0
utdress 1	3 LORONG BAKAR BATU	Address 2	UNION INDUSTRIAL CENTER	Address 3	SINGAPORE 148741
iddress 4		Address Type			
mit No.	07-04	Madreta Type	Singapore address	Post Code	348741
Does he own a Singapore					
legistered car?	○ Yes (No	Oriver Vehicle No.		Driver Insurer Company	
segments carr					
sette paperticados Settembros					
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