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TP Insurer:	-			_	
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TP transpulsors Veh No: C	ME 5921	C . INC(	)/Non-INC(	Legan.	
Owner / Driver: (	111 3/00/		Tel:	<u>.).                                   </u>	· · · · · · · · · · · · · · · · · · ·
	Period: (	)	Cover Type: (		<del>- '</del>
Confirmed by : (		Dates.	Timer		)
Insured/Driver Liability: ( %)	[Note-Est Statu	s (WO): N: 0-20	%; P: 21-79%.	P: 80-1009	4]
Year of Registration: ( )	Warranty: YES		>		
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MADOULY  Ver/Owner:  Checked by (Engr-In-Churge):	Courtesy Car (	1) Alt / Accident Rep  (a) Tr / Youlog Fee  (b) Fr / Youlog Fee  (c) Fr / Youlog Fee  (d) Fr / Youlog Fee  (e) Fr / Youlog Fee  (f) Fr / Youlog Fee  (f) Fr / Youlog Fee  (g) Fr / Youlog Fee  (h) Fr / Youlog Fee  (h) Fr / Youlog DA + 5A  (h) Fr / Caulony Cee  (h) Ki (Lapeler Co-co)  (h) College    (h) Coll	sorting (330); servent (\$100); It th Survey (Resurvey) at) MC Only, (waf 10 In for Survey  Trpi Allowence  Inetion inpection	33 310 310 310 310 310 311 311 311 311 3	·

#### 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 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.

学者的 原。 化二次 许是 对于"是这么	ACCIDENT STATEMENT
Date Of Report	14/08/2020 16:50
Date Of Accident	14/08/2020 07:05
Exact Location Of Accident	SLIP RD OF CLEMENTI RD TURN LEFT TO COMMONWEALTH
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDH9280J
Insured/Policyholder	
Name Of Registered Owner	TEE CHECK SENG
NRIC No	SXXXX104I
Email Address	NICHOLASTKH应GMAIL.COM
Mobile Phone No	(LOCAL) +65-96350551
Alternative Phone No	OTHERS-98642955
Vehicle Particulars	
Manufacturer	TOYOTA
Model.	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	
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	THIRD PARTY
Fleet Policy	NO
Policy Number	5104855491-02
Cover Note Number	
Driver	
Name of Driver	NICHOLAS TEE KONG HUI
NRIC No	SXXXX720I
Date Of Birth	28/03/1993
Occupation	INDOOR
Date Of Driving Pass	10/11/2012
Driving Experience	7 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96350551
Fax Number	

OTHERS-98642955

NICHOLASTKH@GMAIL.COM

Address

BLK 211 PETIR ROAD

#21-469

Postcode

670211

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

CHILDREN

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?

Number of vehicles (including own vehicle) involved in the accident

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by ambulance?

NO

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?

YES

If Yes Please state which Police Station

Police Station Name

ALEXANDRA NPP

Police Station Address

ROAD: BLK 46 TANGLIN HAIT RD #01-328 , POSTCODE: 140462 .

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200814/2058

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

SMF5922X

Vehicle Make/Model/Colour

KIA CERATO

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

LEE BENG HWEE

NRIC/Passport Number

SXXXX164H

Contact Number

90123860

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 insurers) 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.

Policyholder's Signature Date & Time: Driver's Signature

(If driver is not the policyholder)

Date & Time:

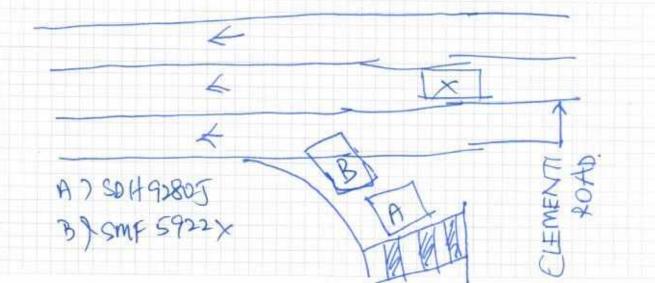
454

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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to	give hay. I be object.
CDCCC	derated to move of but
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01.	UK RUPORT 1/2000 (814/2008)
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#### DECLARATION

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

Policyholder's Signature Date & Time:

Date & Time:

Driver's Signature (If driver is not the policyholder)

Name: A Color No.: Name:

NRIC/FIN No.:

# ACCIDENT STATEMENT

ACCIDENT DATE: 14 / 88 ) JODNMMYY	YY), TIME: ( TO ): SMIT, (YY)
LOCATION: CLEMENTI DOPS & C	HAT AND HONAUM
1. DETAILS OF VEHICLE  ON VEHICLE NUMBER: SHORT	(0400 9112 Se
CIPOLICY NUMBER: 510 4855 491  DIVINISTRANCE COMPANY: 1000 CIPOLICY TYPE: (COMPREHENSIVE (THIRD P.	ARTY THIRD PARTY FIRE &THEFTI
FITYPE: (SALOON) / COUPE / MPV / VAN / LOR  BIVEHICLE CATEGORY: (PRIVATE) COMMERCE  DIPURPOSE OF USING AT ACCIDENT TIME:  JARE YOU CLAIMING UNDER YOUR OWN INS  IF NO, PLEASE STATE (THIRD PARTY CLAIM / S	RY / MOTORCYCLE / OTHERS) CIAL / MOTORCYCLE)
2. INSURED / POLICY HOLDER A) NAME: TOE CHECK SENS b) NRIC/FIN/PASSPORT: S1301041 c) ADDRESS:	S MALE ( FEMALE)
CONTINUE TO 3.d IF DRIVER ALSO POLICY HE  (Including driver) DRIVER  (Including driver) DINRIC/FIN/PASSPORT: 48/07/2015  C)ADDRESS: 21/ PEI/L 1990 4	
d) DATE OF BIRTH: ( ) (DD)  e) OCCUPATION: (INDOOR / OUIDOOR)  f) DITE OF DRIVING PASS  4. WAS DRIVER AN EMPLOYEE OF THE INSURI IF NO, RELATIONSHIP OF THE DRIVER WITH  5. d) WEATHER CONDITION: (CLEAR / RAINING / OB) ROAD SURFACE: (DR) / WEI / OTHERS	ED'S COMPANY? (YES ) (O)
7. O) REPORTED TO POLICE ( ES/ NO)  IF YES, PLEASE STATE WHICH POLICE STATION:	
( ) NRIC/FIN/PASSPORT:	MODEL: KIA CETATO
P. THIRD PARTY VEHICLE  HE of passings of VEHICLE NUMBER:  Industing driver of NRIC/FIN/PASSPORT	8. 4
() NRIC/FIN/PASSPORT:	_CONTACT:

VIDEO





1 of 3

Report No. T/20200814/2058

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

Tel No: 1800-4739999

REPORT OF	A TRAFFIC	ACCIDENT	1000		
Date/Time Report Made: 14/08/2020 15:26			Vide Report No.:	Station Diary No. 20	
Informant	's Particu	ulars			
Name of Ir	formant:		Address: APT BLK 211 PETIR ROA	AD #21-469 SINGAPORE 670211	
ID Type / I	D No.:	T.	Contact No.: Home/Office: Mobile: 98642955		
Nationality		EN	Email:		
Sex:	Age: 27	Date of Birth: 28/03/1993	Type of Informant: Driver		
Race: Chinese			Language: Institution / School English		
Occupation: Service Engineer			Driving Licence Information: Class: 3 Date of Expiry:		

Jeneral Inton	mation of the Accide		Date/Time of	Type of Location:	
Type of . Accident:	Non-Injury Others	Drink Drive: No	Accident: 14/08/2020 07:05	slip road	
Location: CLEMENTI F Weather:	ROAD	Road Surface:		Road Speed Limit:	
Clear		Dry			
Trumo Trumo		Traffic Control: Pedestrian Cross	1 6	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No	

Details of Vehicle Involved							
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge	
SDH9280J	Car				Slightly Damaged	0	
SMF5922X	Car				Slightly Damaged	0	

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462

2 of 3 Report No. T/20200814/2058

Tel No: 1800-4739999

CONTINUATION OF REPORT

Driver						
Name	NICHOLAS TEE KONG HUI			ID No	).	S9310720I
Related Vehicle	SDH9280J (Car)			Conta	act No.	98642955
Hospital/Clinic	NIL			Class Drivin Licen Expire	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Disc	11 11 12 12 12 14 1 1 1 1 1 1 1 1 1 1 1	NIL	
	ted Medical Leave	NIL	Degree o		NIL	
Driver		THE PARTY	SHIP THE STATE OF		-	DOMESTIC OF THE PARTY OF THE PA
Name	Lee Beng Hwee			ID No		S8009164H
Related Vehicle	SMF5922X (Car)			Contact No.		90123860
Hospital/Clinic	NIL			Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	the second secon	NIL	
No. of Days grant	ted Medical Leave	NIL	Degree of		NIL	

#### Brief Details.

On the 14/08/2020 @ 0707hrs at a/m location, while I was driving the said vehicle and was along the said slip road, and I was making a check on the right side of the road to see any oncoming vehicle, and at the same time I noticed the said vehicle was in front of me, and after checking the blind spot, noticed vehicle was travelling at the centre lane and no vehicle was travelling along the left lane and at the same time I started to accelerate my vehicle to drive off and while looking back to the front and I discovered the said vehicle did not move off and I started to brake hard and not was not able to stop on time and collided onto the said vehicle. No one injured and we are planning to make a insurance claim report instead for this accident.





3 of 3

Report No. T/20200814/2058

Police Station Of Origin: Alexandra NPP 46 Tanglin Halt Road #01-328 SINGAPORE 140462 CONTINUATION OF REPORT

Tel No: 1800-4739999

## Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: D / Staff Sgt YIP KUM HOONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/08/2020 15:26
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Gontact No.: 65476151	Classification Of Case:

Accident MT/1999976							
mary no	\$50m(45+9)-00	Ventered tox	5019200		SST Regularities No.		
Derlificate Niv.							
helyhilder Name:	THE CHECK SENG				Processor NOC	30338134	
Product Circle	PRIVATE CAN INDIDRAVICE	Cover Telle:	Third Palcy		Locating		
Contact No. (Madale)	Medianistic	Familia Ser (Office)			Gargad ProdHume)		
men Adarem arv	W. 700	Secret Remark	2.65		ether	100	
NCD Protesture	No. Yes	NCD Emplement No.	No. Total		eCode Ressult	Vi.	
* Accident Details	140	ACT EMBERGIA	10		Private Hire	Red.	
Petport Dane	14/08/2020 17:07	Supplier Report Welson 24 hrs.	7315		Adopted Type	Oilliann i Heart to	Total Control
Dake of Accidient	54/06/3020	Tane of Acodem on man	mr.ba		Country of Accident	Singapore	
Reporting Cuntry		Drange Hwoe			IOM No.	Difference	
Receivent coloropio	SUP AD OF CLEMENTS AD TUMB LEFT TO COR						
Total Excess Applicable							
Excess Type	Pér Accidant	Windscreen Excess		6.04			
OD Stendard Excess		Trainer No. Co. Science Science S					
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MARITONIA DICERNI		1000		0.00	Devem in Consecutify	-yernet	
THAT OD Excess Applicable	6.43	Form TP Decree Applicable		8:06			
→ Benefits							
<ul> <li>GST Registered Informat</li> </ul>	ion						
ST Regulated	8yr			Frantism Date:			
IST Regularism his			057 Statu	a Vertex	Yes		
rodification Hittory							
= Pulicyholdur Mailing Add	ress						
Address 1	96 HURN CHONG ROAD	Address 2	#12/72 CAMPSIES	riswem	Abbress 8	tinnados kirs	eri.
SCO WAR S		Address Type:	Singapore address		Post Code	6186+9	10
unit he.		Related Policy Number	5001794227-14				
Of Driver Info							
Dover Name	Ground Driver	Doser Type	Makemed Driver				
Unharred street Name	ATOHOUSS THE KONG HUS	Driver NRIC	202107305		Dayer DCB	58615/1969	
Register Gate of Driver Licords Contact No.(Motive)	30/11/2013 98642953	Contact Age: Contact No. (CMVA)	98		Driving Expension	2	
Address I	SPK 511 431-468	Address 2	PETIS BUAD		Cortacy Ac. (Marry) Address 2	AND STREET STREET	177
наачия н		Address Type	Fernigh appress		Post Caste	53AGAPOAE 6701 670211	
201 No.	21-409		De-EST-ONE-NAME			100000	
South to own a Singapore Registered car?	Yes No	Driver Various No.	56111929001		Driver Bourer Company	WHILE	
Declaration							
Sireethalister or Brood Test Reading?	0 mg	Any mjury?	900 900				
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