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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.

Any false reporting may be referred to the Police for investigation.

- 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	14/09/2020 17:52
Date Of Accident	14/09/2020 12:10
Exact Location Of Accident	JUNCTION OF HENDERSON ROAD/TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE
The same state of the contract	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLR3822M
Insured/Policyholder	
Name Of Registered Owner	WEE BOON HUI BERNARD
NRIC No	SXXXX939B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98555750
Alternative Phone No	OTHERS-98555750
Vehicle Particulars	
Manufacturer	MAZDA
Model	3
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	5115735679
Cover Note Number	
Driver	
Name of Driver	HO SEIH PENG JINE
NRIC No	SXXXX236H
Date Of Birth	27/06/1959
Occupation	INDOOR
Date Of Driving Pass	04/10/1978
Driving Experience	41 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98555750
Fax Number	
Contact Number	OTHERS-98555750
EMail Address	NOEMAIL

Address

10 SPRINGWOOD WALK

Postcode

117938

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

## General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

#### Other Information

Was any foreign vehicle involved in this accident?

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

#### PLEASE REFER TO SKETCH PLAN

## 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

SBS8861E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

BUS

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Claim Handling Accident MT/1103341 GST Registration No. SUB3822M 9119735679 Vehicle No. Cartificate No. \$1560830B Policyholder NRJC WEE BOON HUI BERNARD holicyholder Name Loading Cover Type SPANSE PREMIUM Product Code MUVATE CAR INSURANCE Contact No.(Morrie) Contact No (Mobile) 9655550 Contact No. | Office) Special Remark 6Cnöd No.Y Email Address eCode Reason TCA ices We Pas Private Him NCD Entitlement(%) NCO Protection 50 Accident Type Side Swipe Accident Report Within 24 hrs Report Date 14/09/2020 18:21 Country of Accident Singapore Time of Accident Norms Date of Accident 14/09/2520 Orange Force TCH No. Reporting Centre JUNCTION OF HENDERSON ROAD/THLOK SLANGAH ROAD → Total Excess Applicable 100.00 Excess Type Per Accident Windscreen Excess 0.00 TR Stanilard Excess CO Standard Excess 4000 Driver is Covered? 3.00 100,00 TIED IP EXCHAN 0:00 **Additional Excess** 5.00 Total TP Excess Applicable 500,00 Total CO Extres Applicable ₩ Senelits Sum trigurett Coverage 09909999 99 **Excess Warver** w GST Registered Deformation GST Registration Date **GST Registered** GST Shahus Ventied Tes GST Registration No. Modification History → Policyholder Halling Address SINGAPORE 117938 Address 3 Address 2 19 SPRINGWOOD WALK Post Code 117938 Singapore address Address Type Address 4 Related Policy Number 5115735679 CHIEF NO. w Of Driver lafe Immamed Driver Driver Type Driver Name Driver DOS 27/06/1959 HO SEIN PENG JINE Driver NRAC 51343236H Unnamed driver Name Driving Experience 61 Register Date of Driver Literas 04/10/1978 Contact No (Rome) Contact No.(Office) Contact No.(Mobile) SINGAPORE 117936 # SPRINGWOOD Address 3 Address 2 Address t SE SPRINGWIND WALK Post Code 117636 foreign andress Address Type Address 4 Litett No. Driver Insurer Company NTUC 56.836234 Does he own a Singapore Registered car? Yes - No Driver Vehicle No.: Browthstyser or Blood Test Baseline? Any injury? Yes = No 0 mg Hedification History Claim 901 CO-MX TIEW Triumest NRXC WEE BOOK HUI BERNARD 511609398 ОП-МК Claim Type \* Contact No. (Office) 62748810 98555750 Contact No.(Mobile) 10 5858861E SLX3822H ЛИЕБРИОФСИАВ. СОМ Email Address ACCORD AUT SUK3922M / SBSB801E ON 14 Sept 2020 Claim Description Peaterwise Proferred Warvaha-GIA Received 62717433 Workshop Springer No. Yea Professed Warreshap (refer below Oate 14/09/2020 0 14/09/2020 18:24 Date Registered ROSLI WAHAR Report Taken By Print AK letter Save Supmit Attachment Claim No. 001 MT/1183341 Accident No. Uploed Date 14/09/2020 18:45 @ THE O NO Last Doc. Received. targency: 5 Confidential w Normal w NO Clear Please Select Choose File No file chosen NO Cher Please Select Choose File No file chosen NO Nomel Clear Hease Select Choose File No file chosen ¥ ¥ NO. Normali Chocae File No tie chosen Clear Please Sales? w No ✓ Normal \* Please Select Clear Choose File No file chosen Y No → Normal Clear Please Select Choose File No file chosen Sano M

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Folder Date

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Veh A: SLK 3822 M Veh B: SBS &61€

#### 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.
- 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.

\*\* I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY I WILL CHECK MY POLICY FOR MORE DETAILS

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Thing:

Contring Centre Personnel's Signa

Name:

NRIC/FIN No.:

SKETCH PLAN Veh A: SLR 3822M Veh B: S&S 88616

# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Nhile	: Was	accidently	along Hender	son W	nearing	the	traffic	junction	i	turn	40
aue 3	and	accidently	Collideol	With	Vehicle B						
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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)

Reporting Centre Persognal's Signature My

Name

Accord Auto Services Pte Ltd Tel: 6271 7433 / 9274 0999 Fax: 6274 5715 Email: avclaims@mycarworkshop.com Particular Of Insured/Driver & Details Of The Accident Motor Accident Report 14/09/2020 \*Time of Accidente 12:11 Pm \*Date of Accident: \*Accident Location: HEN Dorson Rd & Talok Blangah Rd Vehicle Details \*Vehicle Number: SLR 3822M " Make & Model: MAZDA Insured / Policyholder \*NRIC: 51160939B \*Owner Name: WEE BOON AW | BERNARD \*Address: 10 SPRINGWOOD WALK SITT938 98555750 \*Occupation: ENGINEER (Indoor) Outdoor) \* Tel /H /Other: Driver ( ) same as above \*Driver Name: + SEIH PENG JINE \*NRIC: S1343236H \*Address: 10 SPRINGWOOD WALK S117938 \*Date of Birth: 27 06 1959 \*Driving Pass Date: 04 10 1978 \*HP: 98555750 \*Email: \*Gender: Male / Female \*Occupation: Howsers (# (Indoor / Outdoor) \* Tel /H /Other: \*Driver an employee: Yes /No.)\*If no, what is relationship with the policyholder: SPOUSE Passengers Details N · A . (Male/Female) \* P/Name: N · A \* P/Name: (Male/Female) (Male/Female) \* P/Name: \* P/Name: (Male/Female) Insurance Company \*Insurer: NTWC \*Coverage: C / TPFT / TPO \* Policy No: 511 5 7 3 5 6 7 9 Detail of other vehicle / Property 1 Detail of other vehicle / Property 2 Vehicle No.: SBS 8661E Vehicle No.: Make & Model: Make & Model: Vehicle Category: Vehicle Category: Name of Driver: Name of Driver: NRIC : NRIC No. of Passengers (Including Driver): No. of Passengers (Including Driver): For Official Use Only \*Claiming against Own Ins.: Yes// No (If No, Reporting Only / TP Claims) General Information of the accident \*Type of accident: Head-Rear / Side swipe / others: \*Weather conditions: Clear / Rathing / others: \*Any video cam: Yes No \*Road Surface: Dry / Wet / others: \*Witness: Yes / 10 (Name: \_\_\_\_ NRIC:

\*No. of passengers (include driver):

\*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No \*Fasten seat belt: Yes / No \*Conveyed by Ambulance: Yes / No

\*Accident reported to police: Yes / 🚱 
\*Summon against whom:

\*Injured party: Yes / \*\*

-I/Name:

-I/Name:



### THE SCHEDULE

#### Private Car Insurance Policy

This Policy sets out the terms of a contract between NTUC income Insurance Co-operative Limited (INCOME) and you (the Policyholder named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

- 1. any Endorsement specified as operative in the Schedule
- 2. the Conditions and General Exclusions of this Policy, and
- 3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M90372806G

Policy Number

5115735679

The Policyholder

: WEE BOON HUI BERNARD 10 SPRINGWOOD WALK

SINGAPORE 117938

Period of Insurance

: 14 Feb 2020 To 13 Feb 2021

Sum Insured

: Market Value of Insured Vehicle at Time of Loss

Premium (inclusive GST)

: \$\$1,294.07

Interest Insured

Cover Type

: drivo PREMIUM

Primary Driver Named Driver (1) : WEE BOON HUI BERNARD : WEE ZHI YUAN BERNAN

Named Driver (2)

: WEE ZHI YI BRENDICK

Make/Model Registration Number

: MAZDA/3 : SLR3822M Capacity

: 1500cc

Chassis Number

JM6BN24A8J0176520

Registration Year Off-peak Car

2017 No

Yes

50%

Repair at Owner's Preferred Workshop : Yes Excess (Section 1)

N/A : N/A Insure with COE NCD Entitlement NCD Protection

Excess (Section 2) Windscreen Excess

: 5\$100

Additional Excess

: N/A

Unnamed Driver Excess

: Please refer to Terms and Conditions

Hire Purchase Company

: N/A

Optional Cover

Transport Allowance

: No

Excess Walver

: Yes

Memo A : N/A

Endorsement Operative: M4, M7, M8

Agency

CREDENTIAL MOTOR PTE LTD (00000613028)

Date of Issue

: 04 Feb 2020 10:56 hrs

#### DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors

Chief Executive