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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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 wiful 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 aforesaid.

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/09/2020 17:37
Date Of Accident	15/09/2020 10:30
Exact Location Of Accident	ALONG HENDERSON ROAD
Country/State of Loss	SINGAPORE
THE REPORT OF THE PARTY OF THE	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA454U
Insured/Policyholder	
Name Of Registered Owner	TONY SUPPLIERS
Co Reg No	5XXXX540X
Email Address	NGYONGSENG65@YAHOO.COM
Mobile Phone No	(LOCAL) +65-96677248
Alternative Phone No	OFFICE-96677248
Vehicle Particulars	
Manufacturer	тоуота
Model	DYNA
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107167103-01
Cover Note Number	
Driver	
Name of Driver	NG YONG SENG
NRIC No	SXXXX958H
Date Of Birth	10/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1988
Driving Experience	32 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96677248
Fax Number	
Contact Number	OTHERS-96677248

NGYONGSENG65@YAHOO.COM

Address

BLK 109 SERANGOON NORTH AVENUE 1

#07-645

Postcode

550109

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

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

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

SJW4859Z

Vehicle Make/Model/Colour

TOYOTA CAMRY

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:
 - 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.

TONY SUPPLIERS

Bik 109 Serangoon North Ave 1 #07-645 Singapore 550109

Driver's Signature

(If driver is not the policyholder)

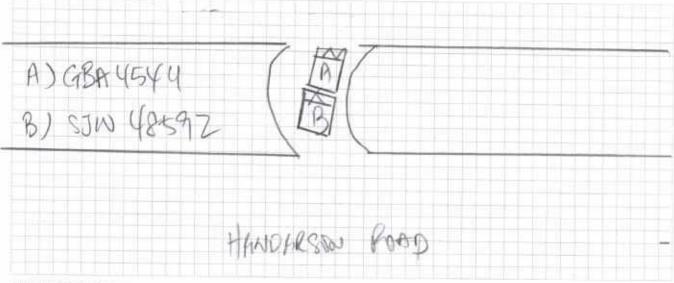
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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DECLARATION

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

TONY SUPPLIERS

Blk 109 Serangoon North Ave 1

Pdib/holdes Simpapore 550109

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

-Name:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

ACCIDENT STATEMENT

ACCIDENT DATE: 15 19 20 1000	/MM/YYY), TIME:((0-3) AM)(HH:MM)-
LOCATION: Henderson Rd	
1. DETAILS OF VEHICLE	***************************************
alvehicle NUMBER: ABA 45	44
DINSURANCE COMPANY: HT	April 1
CIPOLICY NUMBER:	
	THIRD PARTY / THIRD PARTY FIRE &THEFT)
e)MAKE & MODEL:	TIMO PARTY TIMO PARTY TOWN
	AN / LORRY / MOTORCYCLE / OTHERS)
g)VEHICLE CATEGORY: (PRIVATE / CO	
h)PURPOSE OF USING AT ACCIDENT	
I) ARE YOU CLAIMING UNDER YOUR	MANUAL TO THE PROPERTY OF THE
IF NO, PLEASE STATE (THIRD PARTY C	
2. INSURED / POLICY HOLDER	SERVITY RESORTING OFFICE
AJNAME: TOMY SUPP	(MALE / FEMALE)
DINRIC/FIN/PASSPORT: \$28,785	
c) ADDRESS:	
* CONTINUE TO 3.d IF DRIVER ALSO P	OUCY HOLDER .
Allo of passanges DRIVER LIG YOU'S CE	AND THE SHIP WAS ASSESSED TO SELECT
(Including driver) DINPIC/FIN/PASSPORT S 172195	
Office of the control	84 CONTACT: 96677248
(_) CIADDRESS: BIC 101 Secondo	north Avel.
5. Pore 5501	0.9
	(DD/MM/YYYY)
e)OCCUPATION: (INDOOR / OUTDOO	OR)
FIDATE OF DRIVING PASS	E INCLIDEDIC COMPANYS NESTINO
4. WAS DRIVER AN EMPLOYEE OF THE IF NO, RELATIONSHIP OF THE DRI	VED WITH INSUPED:
5. a) WEATHER CONDITION: (CLEAR) RA	UNING / OTHERS
bjROAD SURFACE: (DRY / WET / OTHE	
6. WAS ANYBODY INJURED (YES /NO)	
7. a) REPORTED TO POUCE (YES / NO)	
IF YES, PLEASE STATE WHICH POLICE	4. The control of the
Ho of passenger a) VEHICLE NUMBER: STW 485	92 MODEL: Toyota Camry
Including driver) b) DRIVER'S NAME	
c) NRIC/FIN/PASSPORT:	CONTACT:
9. THIRD PARTY VEHICLE	MODEL:
No of passanger at DRIVER'S NAME	MODEL:
Last to the Commence	CONTACT::-
. Including conver) f NRIC/FIN/PASSPORT:	CONTACTO ,
(_)	
2E-12-0X	*

email = ns yong Sens 656 Tahoo-com

Claim Handling Accident MT/1103609 GET Registration No. G8A4540 Venicle No. Fuhry No. \$107167103-01 Certificate No. Palicyholder MICC 52878540× TONY SUPPLIERS Pulicyholder Name Loading COMMERCIAL VEHICLE INSURA Cover Type Third Party, Fire & TheS. Product Code Cardact No. (Home) Contact No.(Mobile) 96677248 Centact No.(Cittor) Special Remark eCode. No. W eCode Reason TCA KEN - No. Yes NCD Entitlement(%) Private Hire 20 MCD Protection W Accident Details Acodent Type Collision - Head to Rear Accident Report Within 24 hrs Report Date 16/09/2020 17:52 Country of Account Time of Accident hhumm. Singapore Date of Assidest 15/09/2020 10:30 Drange Force DOM: No. Reporting Centre Accident cocation ALDING HENDERSON ROAD Total Excess Applicable 0.00 Excess Type Per Accident Windscreen Excess 11.00 TP Standard Excess OD Standard Excess m.00 Driver is Covered? VIETS OD Ekreen YED IF Excess 0.00 Add/Danal Excess 0.00 Total TV Excess Applicable Total OD Excess Applicable 0,00 to Benefits → GSY Registered Information GST Registration Date 03/09/2016 **GST Registered** GST Registration No. GST Status Varified Yes 16/09/2020 18:00:03 System changed GST Registered from No to 7%s 18/09/2020 18:00:03 System changed GST Registration for from null to M902711158 18/09/2020 18:00:03 System changed GST Registration Cate from null to 05/09/2016 Hodification History SERANGICON NORTH AVENUE 1 Apprens 3 HOME SHOW VILLER BLN 109 407-645 Address 1 Post Code 55011FW Address Type Singapore address SINGAPORE \$50109 Address 4 5107167103-01 unit ho. 117-645 Related Policy Number ⇒ OI Oriver Info Driver Type Donamad Driver Unnamed Driver Driver Name Driver ARIC 517219584 Driver DOS 10/09/1965 Unnamed Affiver Name NG YONG SEND Driving Experience Register Date of Driver License 11/08/1988 Driver Ape 58 Contact No (Home) Contact No.(Mobile) Contact No.(Office) HWE YOR VILLE Address 7 SERMIGOON NORTH AVENUE 1 Address 3 BLK 109 #07-645 Altitress 1 SSCLOW Foreign address Post Code Address Type Andress & SINGAPORE \$50109 Unit No. 07-645 Does he own a Singapore Registered car? Driver Vehicle No. Timver Insurer Company (WTCst) Then In No. Breathalyser or Blood Test Reading? Any Injury? Yes | No Modification History Claim 901 New w insured TONY SUPPLIERS \$3879540X OD-MX Claim Type * Contact No. 96677248 Contact No.(Mobile) SJW48592 Email Address Name of Preferred Workshop G6A4540 / 57W48592 GN (5 Sept 2020 Claim Description sured Liability | Not at Fault Workshop Execute No. Yes Finalisation Preferred Workshop, Name unk Dete 16/09/2020 00: 14/09/2020 18:01 Date Registered ROSEL WARREST Report Taken By From All Better Save Submit Attachment 100 M1/1103609 Claim No. ₩ Yex O his Upload Date 16/09/2020 18:03 Last Doc. Received Urgency * Category * Confidential * Clear Choose File No file chosen * w No Normal Piggae Select Choose File No file chosen Clear ¥ NO v home * Char Ривов Боют Choose File No Six chosen w 80 Choose File No file chosen Clear Pinase Select * NO Clear Please Seinst Choose File No Ne chosen ¥ 190 w. Normal v Choose File No file chosen Clear House Select Send Mes T Attachment List Hag Sent? (CO) Ŷ Description Urgenty Attactment Uploaded By/Date Category MAC_PAYA_UBI_BORRO1(NATIONAL ASSESSMENT CENTRE SERVICES) 6 N 18 Sep 2020 18:83 Photos 2020-9-16

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	Ö	5107167103-	Number	TONY	NRIC		duct Cover Type	No.	Object	Date Date	Expiry Date
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