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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.

 By the lodgement of this report to the insurers, you hereby con aforesaid. 	sent to the archiving of this report at the centre and to copies of the report being made available
MACAGE TO SERVICE STATE	ACCIDENT STATEMENT
Date Of Report	17/09/2020 14:11
Date Of Accident	15/09/2020 17:45
Exact Location Of Accident	PIE TWDS CHANGI B4 BUKIT TIMAH RD EXIT
Country/State of Loss	SINGAPORE
Miles de la companya del companya de la companya de la companya del companya de la companya de l	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJR3324H
Insured/Policyholder	
Name Of Registered Owner	AD MOTORS PTE LTD
Co Reg No	2XXXXX924D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88126803
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	COROLLA ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy	

re you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken

REPORTING ONLY PRIVATE HIRE

Vehicle Category

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5113230877

Cover Note Number

Driver

Name of Driver NG KOK BENG NRIC No SXXXX526A Date Of Birth 01/09/1970 Occupation OUTDOOR Date Of Driving Pass 11/12/1989

Driving Experience 30 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-82686829

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

BLK 121A RIVERVALE DR #16-442

Postcode

541121

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

NO COLLISION

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

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

YES

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

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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

SGP2273Z

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.
- 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.

AD MOTORS PTE LTD

Co.Reg.No: 201707924D 22 Sin Ming Lane #06-76 Midview City Singapore 573969

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

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

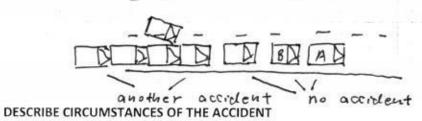
Name:

NRIC/FIN No .:

PIE tods chang: B4 Bullit timah Exit

A = 8JR 3324H

B 2 SGP 2273 Z



ON 15 SEPT 2020 WHILE TRAVELLING ON PIE TOWARDS

TOA PAYOH. THE CAR INTER FRONT ME BRAILE AS THERE IS

A CAR AHEAR SUDDENLY CHANGE LANE, SO I HER HIT MY

BLAILE IN OLDER NOT TO CRASH UP. THE CAR BEHIND

ME ALSO AND LUCKY NEVER HIT UP MY CAR. THE

THIRD CAR DION'T HIT THE SECOND CAR BUT THE

FOLLOWING CARS RAGHT BEHIND ALL CRASH UP.

DECLARATION

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

22 Sin Ming Lane #06-76 Midview City Singapore 573969

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

my

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

eBaoTech GeneralClaim · Change Password Hello, NAC_PAYA_UBI_800601 Change Language Log Out My Desktop **Policy Query** Notice of Loss Date of Accident 16/09/2020 14:49 Policy No. Certificate Number Vehicle No.(For Motor) SJR3324H Search Policyholder Name AD MOTORS PTE LTD Policyholder Product Cover Type Vehicle No. Insured Object Commence Expiry Date Certificate Select Policy No. Number 5113230877-000001 drivo CLASSIC 201707924D GFM SJR3324H SJR3324H 30/11/2019 29/11/2020 5113230877 Continue

15 0 ACCIDENT STATEMENT 17 45 ACCIDENT DATE: 1 20 (DD/MM/YYYY), TIME: 38 (HH:MM) - LOCATION: Hitachi chemical BEFORE BUKIT HOUS 1. DETAILS OF VEHICLE a) VEHICLE NUMBER: b)INSURANCE COMPANY: C)POLICY NUMBER:_ d)POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE &THEFT) e)MAKE & MODEL:___ Toyota Mus f)TYPE:(SALOON / COUPE / MPV /VAN / LORRY / MOTORCYCLE / OTHERS) g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE) h)PURPOSE OF USING AT ACCIDENT TIME: Commercial I) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO) IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY) 2. INSURED / POLICY HOLDER AINAME: AD Motors Pte and _(MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 8812 6803 c) ADDRESS: * CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER AHO of passenga DRIVER (Including driver) a)NAME: (MALE / FEMALE) b) NRIC/FIN/PASSPORT: CONTACT: 826868 29. c) ADDRESS: *d)DATE OF BIRTH: (_)(DD/MM/YYYY) e)OCCUPATION: (INDOOR / OUTDOOR) f) YEARS OF DRIVING EXPRERIENCE:_ 4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Hirer. a)WEATHER CONDITION: (CLEAR / RAINING / OTHERS_ b)ROAD SURFACE: (DRY / WET / OTHERS_ 6. WAS ANYBODY INJURED (YES / NO) 7. a) REPORTED TO POLICE (YES / NO) IF YES, PLEASE STATE WHICH POLICE STATION: 8. THIRD PARTY VEHICLE SGP 2273 Z # He of passanger a) VEHICLE NUMBER: MODEL: (Including driver) b) DRIVER'S NAME: c) NRIC/FIN/PASSPORT:_ 9. THIRD PARTY VEHICLE tho of passenger d) VEHICLE NUMBER: e) DRIVER'S NAME: (Industing driver) f) NRIC/FIN/PASSPORT:

email = FAYMOND GOBULKa) GMAIL CON-

fax =

VIDEO - Ms.