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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.

Williams	
经 一种 中央 医 医 一种 一种	ACCIDENT STATEMENT
Date Of Report	30/09/2020 10:56
Date Of Accident	29/09/2020 20:15
Exact Location Of Accident	SHEARES AVE JUNCTION TURN LEFT TOWARDS MARINA BLVD
Country/State of Loss	SINGAPORE
AND THE REPORT OF THE PARTY OF	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJW4320K
Insured/Policyholder	
Name Of Registered Owner	YEO ZHI BIN, AARON
NRIC No	SXXXX474H
Email Address	YEOAARON94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81683294
Alternative Phone No	OTHERS-81683294
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE
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?	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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5116785717
Cover Note Number	
Driver	
Name of Driver	YEO ZHI BIN, AARON
NRIC No	SXXXX474H
Date Of Birth	02/12/1994
Occupation	OUTDOOR
Date Of Driving Pass	28/01/2013
Driving Experience	7 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	+65-81683294
Fax Number	

OTHERS-81683294

YEOAARON94@GMAIL.COM

Address

BLK 44 BENDEMEER ROAD

#03-1476

Postcode

330044

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

SIDE SWIPE

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?

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:

: GIRLFRIEND

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

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

SMN6012Z

Vehicle Make/Model/Colour

HYUNDAI AVANTE

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NG CHIEW HOE

NRIC/Passport Number

SXXXX786A

Contact Number

98189760

Address

Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 15

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.

Policyholder's Signature

Date & Time:

Driver's Signature

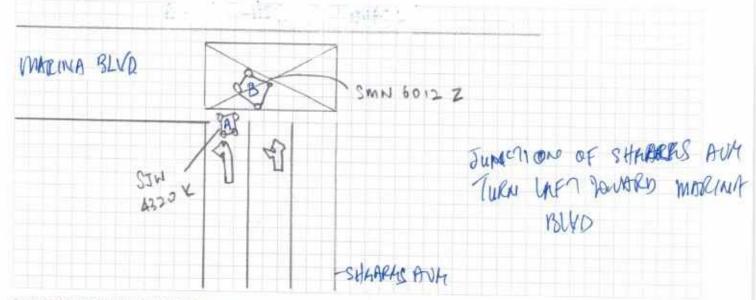
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Sign

Mame:

NRIC/FIN No.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

TA	ROUG	HLY	20:	15 HES	No 1	29	256	2020	ALONG	SHEA	RES	AVENV	E	UNOT	ON	Tw	MINE	r ut	FT	10
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DECLARATION

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

30 09 20 09:19 HAS

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.:

CARLES SEASON FROM THE VO.

ACCIDENT STATEMENT

ACCIDENT DATE: 19 109 12020 10	D/MM/YYYY), TIME: (20 : 15)(HH:MM)
*************************************	ATON TURNING LIFT TO MAKINA BLVI
1. DETAILS OF VEHICLE	
	1320 K
	TINC INCOME
	185717
	THIRD PARTY / THIRD PARTY FIRE &THEFT
OJMAKE & MODEL: KIA CERATO FO	THE PARTY THIS PARTY FIRE & THEFT
	AN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE /	COMMERCIAL V MOTORCYCLE
INJPURPOSE OF USING AT ACCIDENT	TIME PRIVATE USE
I) ARE YOU CLAIMING UNDER YOUP	OWN INSURANCE (YES NO)
IF NO, PLEASE STATE (THIRD PARTY	CLAIM (REPORTING ONLY)
2. INSURED / POLICY HOLDER	
AINAME: YEO ZHI BIN AARON	MACE FEMALE
DINRIC/FIN/PASSPORT: S9444 CIADDRESS: 44 BENDEMBER RO	1474H CONTACT: 8164 3214
74 72 12	40 #03-1476 (\$7330044
GIRL FRIEND CONTINUE TO 3.d IF DRIVER ALSO	POLICY HOLDER
THO OF PASSON OF DRIVER	CUCI HOLDER .
Clududing driver) diNAME: AS ABOVE.	(MALE / FEMALE)
O STRICTFINIPASSPORT:	CONTACT:
c]ADDRESS:	
*dipate of pipture on a 12 - 19	9.4
e)OCCUPATION: (INDOOR COUTDO	(DD/MM/YYYY)
FIDATE OF DRIVING PASS	18 or 2013
4. WAS DRIVER AN EMPLOYEE OF TH	
IF NO, RELATIONSHIP OF THE DRI	VER WITH INSURED:
O WEATHER CONDITION: (CIFAR) P.	AINING / OTHERS
b)ROAD SURFACE: (DRY) WET / OTHE	ERS
6. WAS ANYBODY INJURED (YES NO	
7. a) REPORTED TO POLICE (YES NO)	
IF YES, PLEASE STATE WHICH POUCE B. THIRD PARTY VEHICLE	STATION:
HIS OF PASSENGER O) VEHICLE NUMBER: SMN 6012	Z. MODEL: HYMNDAI AVANTE
(Industing driver) D) DRIVER'S NAME NG CHIE	
() RIC/FIN/PASSPORT: S1241 F8	The start about the start of th
9. THIRD PARTY VEHICLE	
Ho of passanger al VEHICLE NUMBER:	MODEL:
(Industrial design of Didvers NAME:	0.80
NRIC/FIN/PASSPORT:	CONTACT::-
(_)	

email = yesaaron 94 Asmail.com VIDEO

Claim Handling

Accident M1/1105044					
Policy No.	5116785717	Vehicle No.	\$1W4320K		GST Registrat
Certificate No.					PARE AND REPORTED IN
Policyholder Name	YEO ZHI BIN, AARON				Policyholder N
Product Code	PRIVATE CAR INSURANCE	Cover Type	drivo CLASSIC		Loading
Contact No.(Mobile)	81683294	Contact No.(Office)			Contact No.(F
Email Address		Special Remark			eCode
KFK	No Yes	TCA	No Yes		eCode Reason
NCD Protection	No.	NCD Entitlement(%)	0		Private Hire
Accident Details					
Report Date	30/09/2020 t1:12	Accident Report Within 24 hrs	Yes		Accident Type
Date of Accident	29/09/2020	Time of Accident hhomm	20:15		Country of Ac
Reporting Centre		Orange Force			ICM No.
Accident Location	SHEARES AVE JUNCTION TURN LEFT TOWA	RDS MARINA BLVD			
▼ Total Excess Applicable					
Excess Type	Per Accident	Windscreen Excess		100.05	
OD Standard Excess	2,000.00	TP Standard Excess		1.000.00	
YIED OD Excess	0.00	VIED TP Excess		1,500.00	each contraction of
Additional Excess	g.	Andrew Andrews		0.00	Driver is Cove
Total 00 Excess Applicable	2000,00	Total TP Excess Applicable		1 700 00	
▽ Benefits	Committee Control	Service (C.) Marchaeller Charles and C.		1,500.00	
	ion				
GST Registered	No		GST Regist	rating Date	
GST Registration No.			GST Status		Yes
Modification History			-0.000		100
Policyholder Mailing Adde	1948				
Address I	BLK 44 #03-1476	Address 2	BENDEMEER ROAD		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.		Related Policy Number	5116785717		
♥ OI Driver Info					
Driver Name	YEG ZHI BIN AARDN	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	59444474H		Driver DOB
Register Date of Driver License	28/01/2013	Driver Age	25		Driving Expen
Contact No.(Mobile)	81683294	Contact No.(Office)			Contact No.(H
Address 1	BLK 44 #03-1476	Address 2	BENDEMEER ROAD		Address 3
Address 4		Address Type	Singapore address		Post Code
Unit No.					
Does he own a Singapore Registered car?	Yes No.	Driver Vehicle No.	S1W4320K		Oriver Insurer
Peclaration					
Breathalyser or Blood Test Reading?	0 mg	Any injury?	Yes No		
Additication History					
Claim 001 New					
Claim Type •			-	OD-MX	V Insured VE
Contact No.(Mobile)				PHONE	Contact
				81683294	No. 63 (Home)
Email Address				YEOAARON94@GMAIL.CO	
					W2022 S970000
				9JW4320K / SMN6012Z 0	N 29 Sept 2020
Preferred Workshop	Insured Liability Fully at Fi	ault V		9JW4320X / SMN6012Z 0	N 29 Sept 2020
Preferred Workshop Beautes No. 1966	Preference Preference Workshop,	Name unknown SIGIA Received	v	SJW4320K / SMN6012Z 0	
Preferred Workshop Bentiles No. Finalisation Yes	Preference Fully at Fa	GIA CONTRACTOR OF THE PROPERTY	*		Claim
Preferred Workshop Ballikes No. Finalisation Date Registered	Preference Preference Workshop,	Name unknown SIGIA Becaused	•	30/09/2020 11:15	
Preferred Workshop Baruikt No. Finalisation Date Registered Report Taken By	Preference Preference Workshop,	Name unknown SIGIA Becaused	·		Claim

Save Submit

Attachment Accident No. MT/1105044 Claim No. 100 Last Doc. Received. ® Yes ○ No Upload Date 30/09/2020 11:16 Path * Category * Confider Choose File No file chosen Clear Please Select ₩ NO Choose File No file chosen Clear Please Select ٧ NO Choose File No file chosen Clear Please Select Y. Choose File No file chosen Piease Select v Clear NO Choose File No file chosen Clear Please Select NO Choose File No file chosen Clear Please Select Y NO Attachment List Attachment Uploaded By/Date Category Lirgency NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 30 Sep 2020 11:16 NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16 Photos Normal Phi NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) e n 30 Sep 2020 11:16 Photos NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:16 Photos Normal NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15 Priotos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) a n 30 Sep 2020 11:15 Photos Normal NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o Photos Normal n 30 Sep 2020 11:15 NAC_PAYA_UB1_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15 Photos Normal 护 化二角物 NAC_PAYA_UBL_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11:15 NRIC/ Driving License Normal NRIC/ Only

NAC_PAYA_UBI_800601(NATIONAL ASSESSMENT CENTRE SERVICES) o n 30 Sep 2020 11-15

Uploaded By/Date Folder Date

File Name

SAS

Display in New Window | Scan and uploading

Normal

eBaoTech

Hello, NAC_PAYA_UBI_800601

GeneralClaim · Change Password Change Language

My Desktop Notice of Loss

Policy Query

Vehicle No.(For Motor)

Policy No.

Date of Accident SJW4320K Certificate Number

29/09/2020 11:19

Search

Select Policy No. 5116785717

Certificate Number Policyholder Name YEO ZHI BIN, AARON Policyholder Product Cover Type 59444474H CLASSIC GPC

Vehicle No. Insured Object 53W4320K 5JW4320K 17/03/2020 24/03/2021

Commence Date Expiry Date

Log Out

Continue



RECORDS MAKAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE -

G Raffies Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fex (65) 6224 0030

Operating Hours : Monday to Friday, 09:00 - 17:00 UEN: SGBSS00200 / GST Res. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

	ADDENDUM .
A)	PARTICULARS OF PERSON MAKING THE AMENDMENTS:
	Original Report No : MAY20085708
	Name(25 shown in NRIC): 160 ZH BIN , GARON NRIC/FIN/Passport No :
	(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
	Address :Singapore()
	Contact (Tel) :Mobile No. : 87683284
	Email Address :
	Date of Accident : 39 09 2000 Time of Accident: 20:15
	Place of Accident : SHARELS AVK JUNION TURK UFT TOWARDS XARINA B
	Insurance Company: W/UC
(B)	ADDITIONALINFORMATION / AMENDMENTS:
	The large Value Number 16 Smc 6012Z
	
	An oduban
	Policyholder / Driver's Signature Reporting Centre Personnel's Signature Name: NRIC/FIN No.: 100 W 1005

Date: